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**One Hundred And Twenty-Fourth
ANNUAL REPORT**

of the

**South Carolina State
Hospital**

FOR THE YEAR ENDING JUNE 30, 1947



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**PRINTED UNDER THE DIRECTION OF THE
JOINT COMMITTEE ON PRINTING
GENERAL ASSEMBLY OF SOUTH CAROLINA**

**One Hundred And Twenty-Fourth
ANNUAL REPORT**

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**South Carolina State
Hospital**

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GENERAL ASSEMBLY OF SOUTH CAROLINA



E. P. VANDIVER
Anderson, S. C.

Member, Board of Regents, June 5, 1936 to June 2, 1947

Resolution

E. P. VANDIVER
REGENT

June 5, 1936 to June 2, 1947

E. P. Vandiver of Anderson, S. C., was appointed a member of the Board of Regents, South Carolina State Hospital, June 5, 1936. After completing one full term of five years, he was re-appointed in 1941 to succeed himself. Again in 1947 he was re-appointed for a third term. His continuous service was eleven years less three days. He passed away quietly, quickly and unexpectedly at his home on June 2, 1947.

Mr. Vandiver was known to us as a devout Christian, profoundly interested in the welfare and improvement of conditions for the care of the mentally ill; conservative; and practiced economy in handling the State's affairs; punctual and faithful in attending the monthly meetings; always present except on rare occasions, and then communicated his regrets. In recent years he would not trust himself to drive his personal car and came to the meetings in a taxi.

The esteem in which he was held is well expressed by his town-folks in an article, "Baraca Class to Honor Distinguished Leader" by designating one Sunday as "Vandiver Day," appearing in "The Anderson Daily Mail," Saturday, March 2, 1940.

WHEREAS, God, in His Infinite Wisdom, has seen fit to remove from our midst our beloved Regent, E. P. Vandiver,

BE IT RESOLVED:

That we, the Board of Regents of the South Carolina State Hospital, mourn his passing and express to the family our profound sympathy:

And that a page in the minutes be inscribed to his memory.

CHRISTIE BENET, Chairman
J. CALVIN RIVERS
MRS. Wm. R. WALLACE
Members, Board of Regents,
South Carolina State Hospital.

OFFICERS OF THE HOSPITAL

BOARD OF REGENTS

Christie Benet, Chairman.....	Columbia
J. Calvin Rivers.....	Chesterfield
* T. Wilbur Thornhill.....	Charleston
** E. P. Vandiver.....	Anderson
*** Mrs. Wm. R. Wallace.....	Chester

MEDICAL STAFF

†COYT HAM, M.D., F. A. P. A.
Superintendent
GLENN B. CARRIGAN, M.D.
Clinical Director
†C. F. WILLIAMS, M.D., F. A. P. A.
Director of Research
H. A. McELROY, M.D.
SOL. B. McLENDON, M.D.
Senior Assistant Physicians, State Park
†W. P. BECKMAN, M.D., F. A. P. A.
†JOE E. FREED, M.D.
Wm. S. HALL, M.D.
E. W. LONG, M.D.
GORDON R. WESTROPE, M.D.
Senior Assistant Physicians
H. P. BURBAGE, M.D.
Assistant Physician
JAMES C. BRABHAM, M.D.
Pathologist
†****GEORGE BENET, M.D.
Surgeon
†****GEORGE R. LAUB, M.D.
Eye, Ear, Nose and Throat
†****AUSTIN T. MOORE, M.D.
Orthopedic Surgeon
†****THOS. A. PITTS, M.D.
Rontgenologist
†****J. W. VARNER, M.D.
Urologist
ROBERT B. BURROWS, Ph.D.
Parasitologist
ROLAND S. PIKE, D. D. S.
Dentist
E. R. HARRIS
Pharmacist
H. C. ALLISON
Technician Laboratory—X-ray
MISS ETHEL SHARPE
Social Service Worker
MISS BEULAH L. GARDNER, R.N.
Director of Nursing
H. T. PATTERSON
Treasurer-Secretary of the Board
T. F. STEVENSON
Assistant Treasurer
REV. J. OBERT KEMPSON
Chaplain

†Certified.

*Resigned May 5, 1947.

**Died June 2, 1947.

***Appointed May 9, 1947 to succeed Hon. John T. Stevens.

****Part-time basis.

CONSULTANTS

CARDIOLOGY

†JAMES T. QUATTLEBAUM, M.D.

DERMATOLOGY

†J. R. ALLISON, M.D.

L. S. BRYAN, M.D.

DISEASES OF CHEST

†J. GORDON SEASTRUNK, M.D.

EYE, EAR, NOSE AND THROAT

†DAVID S. ASBILL, M.D.

†W. J. BRISTOW, M.D.

CHAPMAN J. MILLING, M.D.

†J. B. WORKMAN, M.D.

GYNECOLOGY

†ROBERT E. SEIBELS, M.D.

INTERNAL MEDICINE

†J. HEYWARD GIBBES, M.D.

†L. EMMETT MADDEN, M.D.

†O. B. MAYER, M.D.

BEN N. MILLER, M.D.

F. EUGENE ZEMP, M.D.

ORTHOPEDIC SURGERY

†W. A. BOYD, M.D.

WESTON COOK, M.D.

†JAMES T. GREEN, M.D.

PATHOLOGY

†K. M. LYNCH, M.D.

†H. H. PLOWDEN, M.D.

PEDIATRICS

†E. W. BARRON, M.D.

†THOS. D. DOTTERER, M.D.

R. B. JOSEY, M.D.

†Wm. WESTON, JR., M.D.

RONTGENOLOGY

†MALCOLM MOSTELLER, M.D.

†FLOYD D. RODGERS, M.D.

SURGERY

L. J. BRANNON, M.D.

†GEORGE BUNCH, M.D.

†A. F. BURNSIDE, M.D.

W. M. CORBETT, M.D.

†LeGRAND GUERRY, M.D.

†ROGER G. DOUGHTY, M.D.

†GEORGE T. McCUTCHEN, M.D.

UROLOGY

†Wm. R. BARRON, M.D.

W. T. BARRON, M.D.

†JAMES E. BOONE, M.D.

J. McMAHAN DAVIS, M.D.

†HUGH E. WYMAN, M.D.

†M. H. WYMAN, M.D.

THE SOUTH CAROLINA STATE HOSPITAL

Where the best in science will continue to be utilized and to grow for the benefit of the mentally ill; and where scientific medicine will always be practiced and taught.

Where the patient is regarded as an individual and treated for mental illness as well as for any existing physical disease.

Where the mentally ill may continue to learn to make adjustments to the social order and again become self sustaining, an economic asset and not a liability.

Where continued care will always be carried forward on the basis of re-education and reconstruction.

Where any physician of the State may secure assistance in handling any of the neuropsychiatric problems which come to his attention.

Where any physician may come for or contribute to knowledge in the field of neuropsychiatry.

Where students of medicine from our own State medical school may come for clinical training and accept the challenge of psychiatry and specialize in this branch of medicine.

Where the profession of psychiatric nursing will continue, and provision made for psychiatric nurse affiliate training for all standard schools of nursing within the State, adequate to meet standards of the National League of Nursing Education and the Committee of Psychiatric Nursing, American Psychiatric Association.

Where research is provided in the field of mental medicine with hope that some of these as yet unsolved mysteries of the mental processes may be fathomed, thus bringing about new techniques and means of restoration.

Where facilities are afforded for the education of the general public and special groups, ministers, students of psychology, etc., along lines of mental illness and prevention.

Where preventive work is carried on in fact as well as in theory with milder or border line mental illnesses through the mental hygiene department; thus readjusting the individual before hospitalization becomes necessary.

Where psychiatric work with children is provided through the medium of an adequate mental hygiene service for the entire State.

REPORT OF THE REGENTS

Columbia, S. C., July 1, 1947

To His Excellency, J. Strom Thurmond, Governor of South Carolina:

Complying with the Statutes, the Board of Regents of the South Carolina State Hospital respectfully submits to you for transmission to the General Assembly the one hundred and twenty-fourth annual report for the fiscal year 1946-1947.

With this report will be found that of the superintendent giving in detail the activities of all departments.

PROBLEMS OF ADMINISTRATION

The situation with regard to an adequate medical staff continued to be acute. All efforts to replace the three physicians who resigned to accept positions elsewhere, and to secure additional staff members have been unsuccessful. The number of physicians is much below the minimum prescribed by the American Psychiatric Association, but greater endeavors of the resident staff, the part-time physicians in the various specialties and the consultants have assured good medical care and attention for the patients.

There has been some improvement in the personnel in all other departments with the exception of the nursing and attendant corps.

COST OF OPERATION

A more detailed account will be found elsewhere. The financial report is briefly summarized as follows:

Income 1946-1947:

Appropriation	\$ 1,856,500.00
Deficiency Appropriation	350,000.00
Fees	46,482.26
	<hr/>
	\$ 2,252,982.26
Disbursements	\$ 2,252,982.26
Daily Average Population	4842
Daily Per Capita Cost	\$1.2748

CHANGES IN PERSONNEL—BOARD OF REGENTS

On May 5, 1947 Mr. T. Wilbur Thornhill, Charleston, appointed by Governor R. M. Jefferies on March 4, 1942, resigned because of his election on the Board of Trustees at Clemson College.

Mrs. William R. Wallace, Chester, the first woman member of the Board of Regents, was appointed by Governor J. Strom Thurmond on May 9, 1947. She succeeded Mr. Jno. T. Stevens of Kershaw, whose term expired concurrently with her appointment. Mr. Stevens had been appointed by Governor R. M. Jefferies on January 2, 1943.

On June 2, 1947 the hospital sustained a great loss in the death of Mr. E. P. Vandiver of Anderson who had been appointed on the Board of Regents by Governor Olin D. Johnston on June 5, 1936. In the minutes of the meeting held June 12 is incorporated the Resolution by the Board expressing regret at Mr. Vandiver's death and appreciation of his value to the hospital.

His photograph and the Resolution appear elsewhere in this report as a further tribute to him.

RETIREMENT OF TREASURER

In compliance with provisions of the South Carolina Retirement Act, the retirement of Mr. Henry T. Patterson became effective on the last day of the fiscal year (June 30, 1947). He had served in the capacity as treasurer of the hospital and as secretary, Board of Regents, since January 1, 1918.

His manifold duties also included the supervision of all farming activity, dairying, and the maintenance of the hospital plant, both in the city and the Negro unit at State Park.

With keen insight into wise economy, Mr. Patterson worked relentlessly to conserve the State's funds, keeping in mind always the welfare of the mentally ill.

His entire time was devoted to his duties in connection with the hospital, and to church work where he rendered services comparable to those in his official position.

The Board is comforted in the knowledge that the financial interests of the State will continue to be protected by the appointment of Mr. Patterson's successor, Mr. T. F. Stevenson,

Sr., who has had many years in training here in preparation for the position to which he will be advanced on July 1, 1947.*

SUPPLIES

Less difficulty has been experienced in securing most of the needed supplies and commodities, except bed linens of all kinds which cannot be secured in sufficient quantities. Naturally there is great wear on linens with constant usage and some destruction by disturbed patients. The inability to secure sufficient replacements has resulted in a serious shortage of these essentials.

Economic conditions enable the Board to resume the purchase of items necessary for the operation and maintenance of the hospital on competitive bids after public advertisement, which method was temporarily discontinued in some instances during the war period.

The marked increase in the cost of coal, and other supplies, has given deep concern, but it must be borne in mind that the Board has the responsibility of seeing that the mentally ill committed to the hospital's care are provided for adequately.

The difficulties under which the hospital has labored during the past fiscal year are fully appreciated by Your Excellency and the General Assembly; and every assurance is given that continued efforts will be made to conduct the hospital in the same economic way as heretofore.

Gratitude is expressed for the assistance and cooperation of those with whom the hospital has transacted business for years in protecting the State's interests by furnishing supplies when obtainable.

Farm and dairy equipment have been purchased, and the change from manual to mechanized farming along with favorable climatic conditions resulted in the production of excellent crops on the sandy type of soil being cultivated. Attention is particularly called to the farm reports.

NEEDED PERMANENT IMPROVEMENTS

Attention is respectfully called to the fact that no progress has been made in permanent improvements mentioned in last year's report.

Economic conditions remained such as to prohibit construction; and to curtail and almost prevent repairs and replace-

ments unless imperative. The limited hospital maintenance crews have been able to keep pace only with the urgent repairs, and at present major renovations in certain buildings require immediate attention for the preservation of the structures and the proper care of the patients. Some emergency repairs have been made, and there has been extensive painting throughout the hospital, particularly in the wards and rooms, but much more general repair work and painting are urgently needed.

Throughout the years the policy of the Board has been to maintain all buildings in a state of good repair, and well painted for preservation as well as a therapeutic measure; and this is desired to be continued.

Briefly, the needed structures are again mentioned: a central heating plant at State Park; the erection of a separate unit at State Park for the Negro mental defectives now cared for with the mentally ill; an Administration Building at State Park; an enlargement of the sewage disposal plant at the unit for Negro patients; and adequate dairy-farm facilities for the Moore farm. Also a central shop building in the city; and complete renovation and relocation of the refrigeration and ice manufacturing system at the Columbia plant; and a building for patients with criminal tendencies.

The fund for the proposed church building at the hospital in the city is nearing the goal; and construction will begin as soon as economic conditions permit. We request the continuance of the \$30,000.00 matching fund for this purpose.

NATIONAL MENTAL HEALTH PROGRAM

Interest manifested by the public is indicative of the necessity of an extensive mental hygiene program within the State. Activities in this field of preventive medicine will be re-activated about July 1, 1947, as there is assurance that Federal funds on a matching basis will be available at that time.

APPRECIATION

Again the Board is deeply grateful to Your Excellency, to the Budget Commission and to the General Assembly for continued support, sympathetic understanding and cooperation with the numerous difficult problems encountered during the past year.

To all state, county and municipal officers appreciation is expressed for a splendid spirit of helpfulness.

The loyalty of the entire personnel of the hospital is commendable, and to each one grateful thanks are extended.

Through Mr. Courtney Bateman, Supervisor, Food Distribution and Warehouses for the School Lunch Program under the S. C. State Board of Education, and the Production and Marketing Administration, United States Department of Agriculture, the hospital was provided, free of any cost, with nine cars of Irish potatoes, two cars of spinach, and one car each of onions, cabbage and beans, which added considerably to the food supply for the patients.

Gratitude is expressed for this; and also to the business firms and individuals who have been of valuable assistance and responsive to the needs of the hospital.

Respectfully submitted

CHRISTIE BENET, Chairman
J. CALVIN RIVERS
MRS. Wm. R. WALLACE
Board of Regents
South Carolina State Hospital.

REPORT OF THE SUPERINTENDENT

Columbia, S. C., July 1, 1947

To the Board of Regents of the South Carolina State Hospital,
Columbia, S. C.

Gentlemen:

Complying with your requirements the annual report for the fiscal year ending June 30, 1947 is herewith respectfully submitted:

GENERAL STATISTICS July 1, 1946 through June 30, 1947

	White Men	White Women	Negro Men	Negro Women	Total
Patients on books of hospital at beginning of hospital year	1,495	1,719	1,280	1,242	5,736
Admissions during twelve months:					
First admissions	426	376	252	232	1,286
Re-admissions	141	130	30	45	346
Total received during twelve months	567	506	282	277	1,632
Total on books during twelve months	2,062	2,225	1,562	1,519	7,368
Discharged from books during twelve months	434	341	115	129	1,019
As recovered	1	14	3	15	33
As improved	261	270	85	91	707
As unimproved	32	35	5	17	89
As without psychoses	140	22	22	6	190
Died during twelve months	113	90	137	158	498
Total discharged and died during twelve months	547	431	252	287	1,517
Patients remaining on books of hospital at end of hospital year:					
In hospital	1,234	1,423	1,182	1,089	4,928
On parole or otherwise absent	281	371	128	143	923
TOTAL	1,515	1,794	1,310	1,232	5,851

ADMISSIONS

First admissions during the year numbered 1,286 and re-admissions 346, a total of 1,632.

Of these, 567 were white men; 506 white women; 282 Negro men and 277 Negro women.

This was an increase of 84 in the total admissions over the previous year.

Admission was necessarily denied 132 persons for whom application was made. Many of these were alcoholics; others aged and considered to be nursing problems. Some of the senile cases would have been accepted had there not existed such a shortage of nursing and attendant personnel.

VOLUNTARY ADMISSIONS

During the year 96 persons were accepted on a voluntary basis. This method is most satisfactory as the majority of such patients are more cooperative, and readily adjust to the environment and hospital routine, thereby enhancing their chances for improvement and recovery.

COURT CASES

During the year 52 persons were committed to the hospital by the Courts of General Sessions and by the Juvenile Domestic Relations Courts in order that their true mental condition might be determined.

PSYCHOSES	White Men	White Women	Negro Men	Negro Women	Total
Alcoholism, delirium tremens	1	..	..	..	1
Cerebral arterio sclerosis .....	..	..	1	..	1
Convulsive disorder .....	..	..	1	..	1
Dementia praecox (schizophrenia)	2	..	3	..	5
Paranoid condition	1	..	..	..	1
Syphilitic meningo encephalitis .....	..	..	1	..	1
Undiagnosed .....	..	..	..	1	1
Total with psychoses	4	..	6	1	11
Without psychoses:					
Alcoholism	1	..	..	..	1
Convulsive disorder .....	..	..	2	..	2
Mental deficiency	1	..	4	..	5
Psychopathic personality	13	..	1	..	14
Psychoneurosis, reactive depression	1	..	..	..	1
Without mental disorder	12	1	5	..	18
Total without psychoses	28	1	12	..	41
GRAND TOTAL	32	1	18	1	52

SPECIAL EXAMINATIONS AT THE SOUTH CAROLINA
STATE PENITENTIARY

PSYCHOSES	White Men	White Women	Negro Men	Negro Women	Total
Cerebral arterio sclerosis	1	..	..	..	1
Total with psychoses	1	..	..	..	1
Without psychoses:					
Psychopathic personality	1	..	..	..	1
Psychoneurosis, reactive depression	1	..	..	..	1
Without mental disorder	4	..	1	..	5
Total without psychoses	6	..	1	..	7
GRAND TOTAL	7	..	1	..	8

COMMITTED BY ORDER OF GOVERNOR

PSYCHOSES	White Men	White Women	Negro Men	Negro Women	Total
Cerebral arterio sclerosis	1	..	..	..	1
Convulsive disorders	1	..	..	..	1
Dementia praecox (schizophrenia)	1	..	1	..	2
Manic depressive	1	..	..	..	1
Mental deficiency	1	1	..	..	2
Total with psychoses	7	1	1	..	9
Without psychoses:					
Mental deficiency	4	..	1	..	5
Psychopathic personality	4	..	..	..	4
Without mental disorder	2	..	..	..	2
Total without psychoses	10	..	1	..	11
GRAND TOTAL	17	1	2	..	20

DEATHS

There were 498 deaths: 113 white men or 5.4%; 90 white women or 4.0%; 137 Negro men or 8.7%; and 158 Negro women or 10.4%.

The death rate based upon the entire number treated was 6.7% compared to 6.1% of the previous year.

In March 1947 an epidemic of a gastro intestinal disturbance occurred among the Negro patients at State Park. The Department of Epidemiology, South Carolina State Board of Health, worked relentlessly with members of the hospital medical staff and determined that this condition was due to a virus involvement. Of the 902 cases, many of them critically ill, there were only 7 deaths as the result of this unusual disease.

No deaths occurred from self destruction.

DISCHARGES

Discharged from the books were 1,019 patients. Of these 33 were considered as recovered; 707 as improved; and 89 as unimproved.

Of the 190 without psychosis, 77 were alcoholics; 6 drug addicts; 34 mental defectives; and 73 in other groups without mental disorder.

Included in the last group are those transferred from various State institutions for mental observation, and the Court cases found to be without mental disorder.

GENERAL HEALTH

The health of the patients and employees generally was excellent; the only unusual occurrence being the epidemic of a gastro intestinal disturbance in March among the Negro patients at State Park.

With deep regret the deaths of the following faithful and loyal members of the hospital personnel are reported:

Mary Bessie Davis, R.N., a graduate of the School of Nursing for Negro Women, class of June 1946, passed away July 31, 1946. She came to the hospital as an attendant April 26, 1943, later entering the school.

Mr. Frank M. Nesbitt, in charge of the mattress shop, died August 8, 1946, after having been here since July 1, 1921.

Mr. John Leroy Ratteree, carpenter, passed away September 9, 1946, having been at the hospital since November 19, 1923.

Mr. Harry J. McLane, mechanic at State Park, died December 9, 1946. He had been connected with the hospital since January 20, 1920.

Mr. Glenn John Cooper, manager, Moore farm, State Park, passed away December 14, 1946. He came here February 11, 1911.

Esther Davenport, attendant, State Park, employed July 4, 1944, died January 16, 1947.

Mrs. W. N. (Claudia Harper) Blanks, R.N., passed away January 30, 1947. Coming to the hospital May 4, 1915, graduating in the class of May 1917, she was transferred to the white men's department April 7, 1943, remaining there until her last illness.

Mr. Wm. P. Duffy, baker since September 1, 1932, died March 28, 1947.

Ike Watson, cook at State Park, passed away May 2, 1947. He came to the hospital January 1, 1920.

MEDICAL DEPARTMENT

There was no improvement in the situation with regard to increasing the medical staff, as a matter of fact, the resignation of three members further handicapped activities. However, the greater endeavors and splendid cooperation of the entire personnel enabled the high standards of care of the patients to be maintained with little variation.

Securing and retaining personnel in all departments continued to give deep concern, particularly in the nursing corps.

For reasons beyond control there was no graduating class in either of the Schools of Nursing; with very few applications for entrance into that for white women, and none acceptable for the other.

The medical staff continued the four meetings each week to consider all new patients from the diagnostic and therapeutic standpoint; and also to consider for release or discharge those improved or recovered.

Dr. John McGill Pratt, senior assistant physician, resigned, effective August 31, 1946, to engage in private practice in his home community at Hickory Grove, S. C. He came to the hospital as an assistant laboratory technician on August 1, 1930, and attended the University of South Carolina. Upon completing the work there and a post graduate course he entered the Medical College, State of South Carolina, Charleston, returning each vacation period to assist in the hospital laboratory. Graduating from the Medical College, Dr. Pratt served his internship at the Columbia Hospital; reporting to the S. C. State Hospital as an assistant physician on July 1, 1940. On July 21, 1942 he entered the military service. After considerable foreign duty Major Pratt returned here on November 10, 1945 as a senior assistant physician.

Captain Wm. B. Townsend of Charleston resigned as assistant physician on September 16, 1946 to pursue special studies elsewhere. A graduate of the Medical College, State of South Carolina, class of 1942, he came here on April 3, 1943 for psychiatric experience during the remaining three months of his internship, the first nine months having been served at the Emory University Hospital, Emory, Atlanta, Georgia. At the completion of the internship Dr. Townsend became an assistant physician, staying here until July 10, 1943 when he left for intensive military training at Carlisle Barracks, Pennsylvania, and did not return.

On April 22, 1947 Dr. Wm. G. Morehouse, senior assistant physician, resigned and left to accept a position with the United States Veterans' Administration, Memphis, Tenn. Dr. Morehouse came here from Spartanburg, S. C., as an assistant physician on August 14, 1941, remaining until August 28, 1942 when he

entered the Armed Forces. For most of the duration Major Morehouse was flight surgeon with the Air Transport Command in the China-Burma-India Theatre of War. He returned to the hospital on March 15, 1946.

On January 10, 1947 Dr. Fred W. Love, Delray Beach, Florida, who had been assigned by the United States Public Health Service to the South Carolina State Board of Health Division of Tuberculosis Control, reported for special work in tuberculosis in this hospital. Dr. Love, trained in the diagnosis and treatment of this condition, received his pre-medical work at the University of North Carolina; graduated at the Vanderbilt Medical School, Nashville, Tenn.; and has done special clinical work at the University of Minnesota Medical School and in the Eastern North Carolina Sanatorium.

Dr. Joe E. Freed, senior assistant physician, was on December 16, 1946 certified in psychiatry by the American Board of Psychiatry and Neurology, Inc., after successfully passing the required examination in New York.

Dr. W. P. Beckman, senior assistant physician, was likewise certified in psychiatry on May 16, 1947 when he met the requirements in New York.

On September 30, 1946 Dr. Charlie M. Douglas, dentist since September 1, 1927, left to enter private practice in Columbia.

On October 1, 1946 Dr. E. G. Bumgardner assumed the position of dentist on a temporary part-time basis pending the securing of a successor to Dr. Douglas. He was resident dentist here from June 29, 1921 until November 24, 1925 when he resigned to practice in the city.

Mr. James M. Austin, Greenville, S. C., student at the Emory University School of Dentistry, Emory, Atlanta, Georgia, was here from June 9 to September 7, 1946 observing and assisting in the dental office.

Dr. Roland S. Pike of Columbia, a graduate of the Emory University School of Dentistry, Emory, Atlanta, Georgia, and for about two years with the S. C. State Board of Health, reported on March 1, 1947 as full-time dentist.

The following students, after two years' study at the Medical College, State of South Carolina, Charleston, reported for work during the vacation period:

Mr. Joseph Efron from March 21, 1946 to September 6, 1946; Miss Mary Tribble, March 23 to September 18; Messrs. T. S. Leevy and Gustaf M. Gudmundson from April 1 to August 31, 1946.

Beginning October 21, 1946, with the fifth and last group reporting March 5, 1947, the senior class, Medical College, State of South Carolina, spent one week each at the hospital attending clinics, lectures and staff conferences, and securing clinical training in psychiatry.

On August 12, 1946 the Columbia Medical Society was entertained here at the monthly scientific session, the guest speaker being Dr. Hervey M. Cleckley, Professor of Neuropsychiatry, University of Georgia School of Medicine, and Chief, Neuropsychiatry, University Hospital, Augusta, Georgia, whose subject was "A Shorter Psychotherapy." Dr. Sol B. McLendon, staff member, presented a paper on "The Penicillin Treatment of Syphilitic Meningo Encephalitis."

Visits through the hospital and clinics on mental disorders conducted by the medical staff were arranged for students from classes in abnormal psychology and sociology of the University of South Carolina, Furman University, Clemson, Winthrop, Newberry and Limestone Colleges. A similar arrangement was made for a group from the Junior League of Columbia. The senior class, Columbia Hospital School of Nursing, was taken on a tour of the hospital.

As an educational feature, classes from many schools throughout the State visited here; and groups from several Negro schools in the city were conducted through the unit at State Park.

RETIREMENT

In compliance with the South Carolina Retirement Act passed by the 1945 General Assembly and amended by the 1946 General Assembly, the following were retired as of June 30, 1947:

Mr. Henry T. Patterson; Mr. Wm. J. Cooper and Mrs. John Aiken (Octavia Mills) Tidwell, R.N.—

Bunyan Boatwright; Nathaniel Chavis; L. C. Cook; John Hall; Delia Meyers; Estelle Miller; Carrie Simmons and Isaac White.

SYPHILITIC MENINGO ENCEPHALITIS (General Paresis)

All patients admitted to the hospital and those returned are given complete examinations. When any luetic infection is found treatment is immediately instituted and continued in an effort to effect a cure.

Malaria therapy is given in all cases of syphilitic meningo encephalitis, unless contra indicated.

From the following table will be seen the encouraging results in that group of patients for whom no hope was offered prior to the use of malaria therapy.

	White Men	White Women	Negro Men	Negro Women	Total
Remission	24	25	8	3	10
Improved	5	4	8	3	37
Unimproved	2	1	10	10	11
Died	2	1	10	10	22
TOTAL	31	8	28	13	80

RESEARCH IN PARASITOLOGY

This department conducts several programs concerned with intestinal parasites. Routine examinations are made of as many newly-admitted patients as possible in an effort to determine what parasites they harbor, so that they may be treated for these infections soon after entering the hospital. Other patients who have symptoms of various intestinal infections are examined whenever requested. The most important program is devoted to a search for more effective drugs for the treatment of the various infections.

Due to the untidy habits of many of the more mentally deteriorated patients, intestinal parasites are abundant both in variety and in intensity in these patients. These cause a drain on the physical condition of the patients and some of the parasites also cause mental dullness and lethargy. Inasmuch as some of these infections do not respond readily to drugs or require repeated treatments in order to decrease the intensities of the infections, a search for more effective drugs is a necessity before mass treatment of the patients can be undertaken. When the time comes that several efficient and specific drugs are

available for mass treatment of patients, then one may expect many of the patients to improve physically and to become more alert mentally, thus easing the burden of the hospital staff.

Some progress is being made now and in the years to come it is hoped that it will be possible not only to eliminate all intestinal parasites from the patients, but also to eliminate the sources of infection.

The following table gives the results of stool examinations of patients made during the year. However, it does not include the repeat examinations made on those patients used in the treatment programs.

	White Men	White Women	Negro Men	Negro Women	Total
No. of stool examinations made	540	598	242	12	1,392
Patients with:					
Endamoeba histolytica	21	32	16	1	70
Endamoeba coli	96	179	61	4	340
Iodamoeba williamsi	8	13	4	..	25
Endolimax nana	70	127	67	2	266
Dientamoeba fragilis	8	9	..	..	17
Chilomastix mesnili	19	51	11	1	82
Trichomonas hominis	18	45	6	1	70
Giardia lamblia	17	12	7	..	36
Ascaris lumbricoides .....	..	25	1	..	28
Necator americanus	51	135	20	2	209
Strongyloides stercoralis	5	42	..	3	50
Enterobius vermicularis	28	6	2	3	10
Trichuris trichiura	4	127	3	3	137
Hymenolepis nana	3	..	..	..	3
Patients with:					
No species of parasites	336	296	123	5	760
1 species of parasite	118	114	69	3	304
2 species of parasites	63	71	31	..	165
3 species of parasites	16	33	13	1	63
4 species of parasites	5	30	2	1	38
5 species of parasites	2	20	4	2	28
6 species of parasites .....	..	18	..	..	18
7 species of parasites .....	..	10	..	..	10
8 species of parasites .....	..	3	..	..	3
9 species of parasites .....	..	3	..	..	3
No. of worm egg counts made	6	111	..	..	117
No. of eosinophil counts made .....	..	24	..	..	24
No. of hemoglobin determinations made .....	..	24	..	..	24
No. of anal swab examinations made .....	..	4	..	..	4
Negative .....	..	4	..	..	4
Examinations made for employees and others are as follows:					
No. of stool examinations made for employees and others..	..	..	..	..	48
Persons with:					
Endamoeba histolytica .....	..	..	..	..	4
Endamoeba coli .....	..	..	..	..	6
Endolimax nana .....	..	..	..	..	6
Dientamoeba fragilis .....	..	..	..	..	1
Chilomastix mesnili .....	..	..	..	..	4
Giardia lamblia .....	..	..	..	..	2
Necator americanus .....	..	..	..	..	7
Enterobius vermicularis .....	..	..	..	..	1
Trichuris trichiura .....	..	..	..	..	2
Negative .....	..	..	..	..	28
No. of anal swab examinations made for employees and others .....	..	..	..	..	8
Enterobius vermicularis .....	..	..	..	..	3
Negative .....	..	..	..	..	5

During the year three research programs were begun, but only one was completed by the end of the year. The completed work was published and was presented at the annual meeting of the South Carolina Academy of Science. At the Academy meeting this paper received the Jefferson Award, given for the best paper submitted each year.

The title and authors of the paper and the journal in which it appeared are as follows: "Treatment of Trichuriasis with 'Enseals' of Emetine Hydrochloride," by Robert B. Burrows, Ph.D., William G. Morehouse, M.D., and Joe E. Freed, M.D., American Journal of Tropical Medicine, Vol. 27, pages 327-338.

A brief summary of this work is as follows:

This drug was used in the treatment of 23 white female patients. These patients, each receiving only one course of treatment, lost approximately 88 per cent of all adult *Trichuris* harbored and 11 patients lost all their adult *Trichuris*. This drug also caused the elimination of some of the worms of three other species: *Ascaris lumbricoides* (roundworm), *Necator americanus* (hookworm) and *Enterobius vermicularis* (pinworm), but did not appear to be as effective against these worms as are some other drugs.

Emetine hydrochloride, in enteric-sealed tablets, proved to be definitely superior to hexylresorcinol crystoids and tetrachlorethylene for the removal of *Trichuris trichiura*; appeared to be less variable in its action than leche de higueron; and appeared to be less drastic in its action on the patient than ficin, when given in large dosages. Therefore, the authors believe that it may become the drug of choice for the treatment of *Trichuris* infestations.

UROLOGICAL WORK

	Patients					Employees	
	White Men	White Women	Negro Men	Negro Women	Total	White Women	Total
Cystoscopic examinations	2	10	..	..	12	1	1

ANTI-SYPHILITIC TREATMENTS

DOSES	White Men	White Women	Negro Men	Negro Women	Total
Aldarsone .....	..	113	308	..	421
Bismarsen .....	..	16	..	178	194
Bismuth sodium tartrate	528	397	..	298	1,223
Malaria	21	7	49	13	90
Mapharsen	255	156	274	239	924
Mercury succinamide .....	..	51	..	..	51
Thio bismol .....	..	..	414	..	414
Tryparsamide	277	..	..	..	277
TOTAL	1,081	740	1,045	728	3,594

ELECTRO-SHOCK THERAPY

Because of the time-consuming element and the shortage of medical personnel only certain selected cases could be given this type of therapy which has continued to be of great value in particular mental disorders. As soon as possible this treatment will be more extensively employed.

	White Men	White Women	Negro Men	Negro Women	Total
Recovered	6	..	..	..	6
Markedly improved	17	19	7	..	43
Improved	52	134	8	4	198
Unimproved	14	109	9	6	138
TOTAL	89	262	24	10	385

EYE, EAR, NOSE AND THROAT DEPARTMENT

	PATIENTS						EMPLOYEES					
	White Men	White Women	Negro Men	Negro Women	Total		White Men	White Women	Negro Men	Negro Women	Total	
Eyes—												
Corneal ulcer	2	..	..	1	3		1	..	..	..	1	
External diseases, all types	28	..	..	1	29		4	4	..	..	9	
Eye ground examinations	575	498	339	227	1,639		1	..	3	5	9	
Foreign bodies removed	1	..	..	..	1		..	..	..	..	..
Glaucoma .....	..	..	1	..	1		..	..	..	..	..
Injuries	3	4	..	1	8		3	..	1	..	4	
Iridectomy .....	..	..	..	1	1		..	..	..	..	..
Keratitis uveitis	2	..	..	..	2		..	1	..	..	1	
Operations:												
Cataract .....	..	1	..	..	1		..	..	..	..	..
Chalazion .....	..	1	..	..	1		..	2	..	..	2	
Papilloma, eyelid .....	..	1	..	..	1		..	..	..	..	..
Pterygium .....	..	1	..	..	1		..	..	..	..	..
Removal sutures, eyelid .....	..	..	..	..	..		..	1	..	..	1	
Suture, eyelid .....	..	1	..	..	1		1	..	..	..	1	
Refractions, cycloplegic	26	28	..	3	57		5	10	12	26	53	
Refractions, simple	33	39	6	..	78		7	9	21	16	53	
Routine inspections	51	92	..	2	145		2	13	25	22	62	
Slit lamp examinations	10	11	1	1	23		..	1	..	..	1	
Visual fields	1	..	..	..	1		..	..	..	..	..
*Glasses furnished by the S. C. State Hospital	2	..	..	..	2		..	..	..	..	..
EARS—												
Cerumen removed	5	1	..	..	6		1	1	..	..	2	
Irrigations	6	..	..	..	6		..	..	..	..	..
Otitis externa, all types	10	8	1	..	19		8	6	1	3	18	
Otitis media, all types	49	25	4	2	80		2	11	2	1	16	
Polyp removed .....	..	..	..	..	..		1	..	..	..	1	
Routine examinations	543	490	..	..	1,033		..	5	..	..	5	
NOSE AND THROAT—												
Cauterization, nose .....	..	1	..	..	1		..	..	..	..	..
Epistaxis	1	..	..	..	1		..	..	..	..	..
Foreign bodies removed	2	..	..	..	2		1	1	..	..	2	
Fracture, nose	1	..	..	..	1		..	..	..	..	..
Injuries	3	..	..	..	3		..	..	..	..	..
Laryngitis	3	2	..	..	5		..	..	..	..	..
Routine examinations	619	477	..	..	1,096		2	1	2	3	8	
Shrinkage, congested nasal mucosa ...	3	3	..	..	6		..	1	..	1	2	
Sinusitis	16	10	..	..	26		3	9	1	9	22	
Tonsillitis	10	8	..	..	18		4	7	..	3	14	
Tonsillectomies .....	..	2	..	..	2		..	1	..	..	1	
Vincent's infection .....	..	..	..	..	..		..	1	..	..	1	

*Due to war conditions glasses to be furnished by the hospital have not been available, those furnished were already in stock.

Cultures, smears and X-ray examinations made whenever indicated.

DENTAL WORK

Examinations	1,479
Anesthetics	2,241
Extractions	3,360
Treatments	256

Bridges:

Made	3
Removed	12
Repaired	2
Reset	4

Dentures:

Made	56
Partial repaired	2
Repaired	39

Fillings:

Alloy	86
Porcelain	21
Temporary	2

Fractured mandible reset	4
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Gold Crowns:

Made	1
Removed	10

Gold Inlays:

Made	1
Removed	2
Reset	1

Impactions removed	53
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Osseosepuli tumors removed	4
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Porcelain Jacket Crowns:

Made	1
X-ray exposures	1,878
Tooth brushes distributed	991
Requisitions—for money needed for dental work	56
Deposits—money received for dental work	66

LABORATORIES

Pathological:

Wassermann on blood	2,277
Wassermann on blood other than patients	191
Wassermann on spinal fluid	566
Wassermann on spinal fluid other than patients	5
Routine examination of spinal fluid	566
Routine examination of spinal fluid other than patients	5

Kline on Blood:

Diagnostic	2,277
Diagnostic other than patients	191

Kline on Spinal Fluid:

Diagnostic	566
Diagnostic other than patients	5

Blood:

Bleeding time	5
Bromide	1,053
Calcium	3
Clotting time	1
Coagulation time	9
Color index	3
Creatinine	9
Erythrocytes	312
Hemoglobin	337
Icterus index	20
Leucocytes	378
Platelets	1
Rh determination	23
Sedimentation rate	25
Sugar	1,236
Sulfadiazine concentration	9
Typing	79
Urea nitrogen	273
Van den Bergh	16

Cultures:

Blood	8
Spinal	7
Throat	1
Vaginal	1
Fluid from head	8

Smears:

Cervical	1
Eye	1
Malaria	10
Sputum	120
Spinal	1
Throat	1
Urethral	6
Vaginal	7

Analysis:

Gastric	1
Urinalysis	1,929

Miscellaneous:

Colloidal gold	134
Spinal differential	1
Spinal protein	7
Spinal sugar	8

Basal Metabolism Rate:

Basal metabolism rate	15
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X-Ray:

Electrocardiogram	20
Deep therapy treatment	35
X-ray exposures	1,943

PERCENTAGE OF POSITIVE BLOOD WASSERMANN'S

White Men			White Women			Negro Men			Negro Women		
Positive	Negative	Per Cent	Positive	Negative	Per Cent	Positive	Negative	Per Cent	Positive	Negative	Per Cent
38	586	6.08	28	641	4.18	72	308	18.94	77	336	18.64

PERCENTAGE OF POSITIVE SPINAL FLUID WASSERMANN'S

For Those Having Positive Blood Wassermann's

27	96	21.95	12	36	25.00	69	259	21.03	16	46	25.80
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During the war the pathological activities were confined only to specific cases because of the shortage of personnel. When a full-time pathologist was again secured by the appointment on June 24, 1946 of Dr. Jas. C. Brabham, an assistant physician, the department was reorganized and every effort exerted to systematize the work along accepted and recognized lines.

The primary aim in this type of work is to promote better medical, surgical and psychiatric care of the patients by assisting those in direct care of them; that is, making certain examinations of a specialized type.

One of the requirements of the American Psychiatric Association for certification is the maintenance of an adequate department of pathology with post mortems of at least 15% of all deaths in the hospital.

The purpose of the post mortem is an attempt to determine all pathological processes by examination of the entire body, and to reconstruct the interrelated morbid processes.

As this hospital is a teaching center for both medical and nursing students certain specimens must be available for demonstration.

Through the study of pathological findings and accumulated records much material necessary for research in mental diseases is secured.

A post mortem examination is made up of the history and anti mortem clinical findings of the case; a gross anatomical examination; a microscopic examination of all apparently ab-

normal tissue and that having the possibility of being abnormal; routine examination of all vital organs; and a bacteriological and chemical examination when indicated.

A post mortem examination is not complete when only the direct cause of death is determined. It must reveal all diseased processes, the extent of these processes and a correlation of interrelationship and co-existence and probable sequence of events. Only in this way can the clinician check the findings, improve professional skill and keep abreast of medical progress. Only in this way can adequate research material be accumulated.

The duties of this department also require that all material removed during a surgical operation be examined grossly, microscopically and otherwise, and that the surgeon be given a report as soon as possible. This is especially important in the successful treatment of cancer, in which case the pathological diagnosis and prognosis must often be completed before the patient leaves the operating room.

In order to meet the requirements and attain the objectives of an adequate pathological department, materials, reagents and instruments have had to be re-assembled, cleaned, repaired and purchased. The department is now well equipped and can be compared favorably with the very best equipped laboratories of neuropathology in the country. An important purchase has been a freezing microtome which is indispensable in the making of rapid diagnosis for the surgeon and the examination of important cellular elements of the brain. So far as can be ascertained this is the first time that certain neurohistopathological examinations (silver and Cajol gold-sub. impregnations) have been made at this hospital. This is felt to be a step forward in the improvement of modern professional services and the establishment of research activities in the future.

Although this department makes all examinations pertaining to general pathology, the particular interest is in neuropathology. Adequate examinations of the structure of the central nervous system is time consuming, progress is slow, and much is yet to be learned since this is a relatively young and unexplored field of pathology. With pride the statement is made that with only two exceptions the brain has been examined in all autopsies performed.

Statistical Report:

Post mortem examinations	79
Post mortem examinations ordered by the coroner	7
Permanent slides prepared	1,082
Percentage of all deaths receiving post mortem examinations	16.88
Surgical specimens examined	25
Microscopic examinations	24
Specimens processed for pathological museum	30

SURGICAL DEPARTMENT

Operations performed by the consulting and resident staff are found in the following tables:

Appreciation is expressed to the consulting staff for continued cooperation and ready response to every call.

	PATIENTS					EMPLOYEES			
	White Men	White Women	Negro Men	Negro Women	Total	White Men	White Women	Total	
Appendectomy .....	..	..	..	..	..	1	1	2
Biopsy, small masses in breast .....	..	..	..	..	..	..	1	1
Blood transfusion	4	5	..	..	9	8	3	11
Circumcision	1	..	..	..	1	..	..	..
Cyst, labia majora removed by diathermy .....	..	1	..	..	1	..	..	..
Excision and removal:									
Callus, foot .....	..	..	..	..	..	..	1	1
Hemorrhoidectomy	3	2	..	..	5	..	..	..
Herniotomy	1	..	1	..	2	1	..	1	
Hysterectomy .....	..	1	..	1	2	..	1	1
Incision and drainage abscess:									
Abdominal wall	1	..	..	..	1	..	..	..
Ano-rectal	1	..	..	..	1	..	..	..
Bartholin's glands .....	..	1	..	..	1	..	1	1
Breast .....	..	1	..	..	1	..	..	..
Infected hand .....	..	..	..	1	1	..	..	..
Thigh .....	..	..	..	..	..	1	..	1
Thigh, diabetic gangrene .....	..	..	..	..	..	2	..	2
Incision and removal:									
Bunions, both feet .....	..	..	..	..	..	..	1	1
Sebaceous cyst, back .....	..	..	..	..	..	1	..	1
Lobotomy	1	7	..	..	8	..	..	..
Phrenicotomy	1	1	..	..	2	..	..	..
Removal of finger .....	..	..	..	1	1	..	..	..
Skin grafting for laceration, two fingers	1	..	..	..	1	..	..	..
Supra-pubic drainage .....	..	..	1	..	1	..	..	..
Suturing, laceration, hand .....	..	..	..	..	..	1	..	1
Tumor, labia majora removed by diathermy .....	..	1	..	..	1	..	..	..
TOTAL	14	20	2	3	39	15	9	24	

ORTHOPEDICS

	PATIENTS					EMPLOYEES		
	White Men	White Women	Negro Men	Negro Women	Total	White Women	Negro Men	Total
Application of cast for purpose of giving electro shock therapy .....	..	1	..	..	1	..	..	..
Closed reduction and application of cast for fracture:								
Ankle	2	..	..	..	2	1	..	1
Arm .....	..	1	..	..	1	..	..	..
Clavicle	3	1	..	..	4	..	..	..
Femur	1	1	..	..	2	..	..	..
Hip .....	..	1	..	..	1	..	..	..
Humerus	2	4	..	..	6	..	..	..
Metatarsus .....	..	1	..	..	1	..	..	..
Radius	1	2	..	..	3	..	..	..
Wrist	2	9	..	..	11	..	..	..
Incision and removal of pins:								
Ankle .....	..	..	..	..	..	1	..	1
Elbow .....	..	1	..	..	1	..	..	..
Hip .....	..	1	..	..	1	..	..	..
Incision and removal of plate:								
Hip .....	..	1	..	..	1	..	..	..
Open reduction and application of cast for fracture:								
Ankle	1	..	..	..	1	..	..	..
Wrist .....	..	2	..	..	2	..	..	..
Open reduction and steel pin fixation for fracture:								
Ankle .....	..	..	..	..	..	1	..	1
Hip	1	11	..	..	12	..	..	..
Humerus	2	..	..	..	2	..	..	..
Jaw	1	..	..	..	1	..	..	..
Open reduction and blade plate fixation for fracture:								
Hip	3	1	..	..	4	..	..	..
Hip	3	1	..	..	4	..	..	..
Reduction and application of splint for fracture:								
Great toe .....	..	..	..	..	..	..	1	1
Nose	1	..	..	..	1	..	..	..
TOTAL	20	38	..	..	58	3	1	4

SPECIAL TREATMENTS

	PATIENTS				EMPLOYEES			
	White Men	White Women	Total	Treatments	White Men	White Women	Total	
Cauterization:								
Infection, umbilicus	1	1	..	..	..	..
Diathermy:								
Ankle, strain	1	1	2	
Removal, wart eye lid	1	1	..	..	..	..
Sacro-iliac, strain	1	1	
Mercury Quartz Light for:								
Ear infection	1	1	6	..	..	..
Psoriasis, body	3	3	72	..	..	..
Varicose ulcers leg	1	1	4	..	..	..
TOTAL	7	7	82	1	2	3	

RELIGIOUS ACTIVITIES

The resident chaplain, Rev. J. Obert Kempson, continued regular services each Sunday morning for the white patients in the two chapels in the city. Each Sunday afternoon he conducted devotions at State Park for the Negro patients.

A regular schedule of visits to every department was maintained; with weekly prayer and song services held throughout the hospital.

Worship and discussion periods were conducted each week at the Mills Building (Nurses' Home) for the student nurses.

The chaplain officiated at the funerals of patients interred in the hospital cemeteries; and regularly attended staff meetings.

A patient committee on religious activities continued to be of valuable aid to the chaplain in stimulating interest in the promotion of a more adequate religious program. The patient choir rendered distinct service.

From July 22 through August 31, 1946 a course in clinical training for ministers, as prescribed by the Council for Clinical Training, Inc., New York City, was given at the hospital. Lectures and seminars were conducted by members of the medical staff; by representatives from various State and local social service agencies; and by the chaplain who also directed the ministers in counseling and practical work with the patients. Those participating were Rev. F. W. Sandusky of Wingate, N. C.; and Rev. J. Kenneth Morris and Rev. Thomas M. Petty of Columbia.

On October 16, 1946 the hospital inaugurated, under the direction of the chaplain, a new activity, religious moving pictures on the wards for patients, white and Negro, who are not able to attend Sunday services. This was made possible by using a small portable sound machine heretofore used only for scientific purposes. The cost of the film is nominal, and this therapeutic measure has already proven of inestimable value.

On Thanksgiving and Christmas the chaplain held special services in the chapels and on the wards. Likewise, appropriate movies were shown throughout the hospital.

On June 1, 1947 Rev. Kempson was granted a three months' leave of absence for an intensive study course at St. Elizabeth's Hospital, Washington, D. C., under the direction of the Council for Clinical Training, Inc.

Ministers from the city frequently visited the hospital; and at intervals arranged services for members of their denominations. Those throughout the State were attentive to their respective members.

At Christmas several churches in the city provided attractive gifts for patients of their faith.

DIVERSIONS

Entertainment and diversion play a very important role in the treatment of mental illness; and these were stressed as much as possible.

A Hallowe'en party and dance, Christmas programs, frequent band concerts, weekly dances and moving pictures, baseball games, fruit parties and regular visits to nearby shops and into the city were provided.

Through the courtesy of the officials of both the white and the Negro State Fair Associations 407 white and 573 Negro patients enjoyed these annual events.

Thanksgiving afternoon and again during the Christmas season the Library Club, composed of white patients, presented in the auditorium an attractive and creditable program of music and stories.

Movies appropriate to Christmas were shown in various wards here and at the unit at State Park for the Negro patients.

On December 20 a pageant by white patients was given in the auditorium; and Christmas afternoon there was a special dance.

Complete new moving picture equipment was installed and on March 4, 1947 this popular diversion was resumed once each week for the patients in the city.

As mentioned in religious activities, the portable moving picture machine brought pleasure to those unable to go to the auditorium.

CHURCH BUILDING FUND

There is every reason to believe that ere long construction can be started of the proposed church on the hospital grounds in the city.

The fund which was begun by patients in November 1943, with the approval of the Board of Regents, has steadily in-

creased through the fine spirit and generosity of the patients, relatives, friends and churches who are contributing to make the needed church building a reality.

The General Assembly in 1946 appropriated \$30,000.00 for this fund with the provision that the hospital secure a like amount, and this sum has almost been reached.

LIBRARY

With the continuance of a full-time librarian the work of this department expanded considerably in a satisfactory manner.

Reading clubs stimulated interest throughout the hospital; and meetings at intervals with definite programs of book reviews, story telling, original compositions, current events and musical selections by patients were of therapeutic value. Many were interested in making scrap books, taking part in discussion groups and in spelling matches. Several patients assisted in the library arranging magazines, cataloging and mending books, etc. On two occasions the Library Club presented programs in the auditorium.

Appreciation is expressed to the Richland County Library for the regular supply of reading material; and to numerous friends for generous donations of books and magazines, as well as gifts of money for library purposes.

SOCIAL SERVICE

Practically all of the time of the one social service worker was devoted to securing information regarding the steadily increasing number of Court cases; and only the emergencies otherwise could be given attention.

The lack of personnel continued to seriously handicap the activities of this department.

On May 15, 1947 Mrs. Hazel Browne Madry left to accept a position elsewhere. She had been with the hospital as a psychiatric social service worker since February 3, 1947.

SCHOOL OF NURSING

This hospital, like others in the State, suffered from a lack of applications for entrance into the School of Nursing, and for reasons beyond control there was no graduating class in 1947.

SCHOOL OF NURSING FOR NEGRO WOMEN

As stated in last year's report, the School for Negro Women was temporarily discontinued due to the difficulty of securing young women in this group with sufficient preliminary training to meet the requirements prescribed by the National League of Nursing Education and the Committee on Psychiatric Nursing, American Psychiatric Association.

MENTAL HYGIENE CLINICS

With the hospital designated as the State Agency and the superintendent as the State Mental Health Authority to direct the mental health program in South Carolina, and funds made available by the passage of Public Law 487—79th Congress—2nd Session, every effort was exerted to re-establish the mental hygiene clinics.

Inability to secure adequately trained personnel delayed this, with the exception of the clinic in Charleston which expects to resume operations about July 1, 1947.

There is urgent need, and numerous requests from county medical societies, individuals, members of families, clubs and schools for the resumption of this inestimable assistance with mental problems.

HOSPITAL EDUCATIONAL ACTIVITIES

Of necessity efforts to disseminate to the general public and to special groups information along lines of preventive medicine and therapy in mental illness were curtailed. The vital importance of this service is fully realized and as soon as possible this educational feature will be resumed more extensively.

Elsewhere will be found comments on programs arranged for students from the Medical College, State of South Carolina, Charleston, for those from classes in abnormal psychology and sociology of the University of South Carolina and various colleges as well as special groups.

The medical staff entertained the Columbia Medical Society at the regular monthly scientific session on August 12, 1946.

A selected group of ministers was given a course in clinical training, as prescribed by the Council for Clinical Training, Inc., New York City, under the direction of the chaplain, with lectures and clinics conducted by the medical staff.

FIRE DEPARTMENT

A well-equipped fire department continued to be maintained by the hospital with regular inspections made of the entire plant.

The Columbia Fire Department, under the supervision of Chief A. McC. Marsh, held drills and inspections frequently here; and there is deep appreciation for the sense of security caused by this efficiency, assistance and cooperation.

UNITED STATES PUBLIC HEALTH SERVICE

The United States Public Health Service continued to maintain the laboratory for malaria research at the South Carolina State Hospital under the direction of Dr. Martin D. Young, whose report is found elsewhere.

The central location of this laboratory from a geographical standpoint facilitates the rapid distribution of malaria material for therapeutic purposes and the rendering of other valuable service to many mental and general hospitals.

VISITORS

In April 1947 Dr. Robert L. Zobel, Surgeon for the District Director, United States Public Health Service, District No. Two, Richmond, Va., and Miss Donna Pearce, Senior Nurse Officer, from the same department, spent two days here in the interest of the mental hygiene program in South Carolina as proposed in the National Mental Health Act, known as Public Law 487.

On May 6, 1947 Dr. Robert Hanna Felix, Medical Director, Division of Mental Hygiene, United States Public Health Service, Washington, D. C., visited the hospital briefly while en-route to the South Carolina Medical Association meeting at Myrtle Beach, where he was one of the guest speakers.

Dr. Hervey M. Cleckley, Professor of Neuropsychiatry, University of Georgia School of Medicine, and Chief, Neuropsychiatry, University Hospital, Augusta, Ga., was the guest speaker when the medical staff entertained the Columbia Medical Society on August 12, 1946.

The State Hospital Committee, House of Representatives, together with other members of the General Assembly made a thorough inspection of the hospital early in the year.

HOSPITAL PROBLEMS

The administration has been most concerned by the gradual increase in the cost of essential items—food, clothing, coal, and everything necessary to adequately provide for the mentally ill, who, because of no reason of their own are not able to care for themselves. Regardless of cost, it is felt that the people of the State want the mentally ill well fed, properly clothed, and to have the best of medical care and attention.

Even though impossible to secure additional physicians and to restore the medical staff to the former number, the patients have continued to receive the best medical care and attention. The part-time physicians in the various specialties, as well as the consultants, have cooperated with the medical staff in seeing a job well done, for which there is sincere appreciation.

PERMANENT IMPROVEMENTS

The older buildings of the hospital plant in the city were completely renovated approximately thirty years ago. As the result of constant hard usage many of the wooden floors must be replaced, although the buildings as a whole, through diligence, have been maintained in a state of good repair. The hospital maintenance crews were necessarily increased in a limited way, but not sufficiently to keep pace with the demands, therefore, major renovations in certain buildings are essential at this time for the proper preservation of the structures and the adequate care of the patients.

Economic conditions remained such as to curtail and almost prohibit repairs and replacements, but certain ones were imperative, and extensive painting throughout the plant, particularly in the wards and rooms, proved to be conducive to improvement, morale and to the reduction of destructive tendencies. Much more general repair work and painting are urgently needed.

ACKNOWLEDGMENTS

Grateful acknowledgment is expressed to the Board of Regents for encouragement, assistance and counsel in the administrative affairs of the hospital.

The entire personnel has shown a splendid spirit of cooperation and loyalty for which there is sincere appreciation.

Gratitude is expressed to the officials of both the white and the Negro State Fair Associations for the many courtesies to the patients.

The hospital is indebted to numerous friends for contributions of magazines, books, money and gifts of various kinds for the pleasure and benefit of the patients; and for the liberal response to the appeal for funds for the proposed church.

Respectfully submitted

COYT HAM, M.D.

Superintendent

ENSOR RESEARCH FOUNDATION

July 1, 1947

Dr. Coyt Ham, Superintendent
South Carolina State Hospital
Columbia, South Carolina

Dear Doctor Ham:

The annual report of the Department of Research is herewith respectfully submitted; with the detailed account of accomplishments in the report already rendered.

With the return of Dr. Robert B. Burrows from military service in 1946 research activities were resumed. The studies in parasitology begun in 1941, which were interrupted by Dr. Burrows being called into service, were immediately taken up where they had been left off. New problems which had arisen during his absence also received thorough investigation. Two members of the medical staff, Dr. Joe E. Freed and Dr. Wm. G. Morehouse, collaborated with Dr. Burrows in the studies made. The results of these studies were set forth in a paper presented before the South Carolina Academy of Science at its annual meeting in Columbia. This paper received the Jefferson award and was later published in the American Journal of Tropical Medicine.

It is the hope of the Research Department that much knowledge, helpful to mankind, will be brought to light through its efforts and that it will soon become of great value to the medical staff in scientific medicine.

The funds of the Ensor Research Foundation have been increased by the accrued interest and a few small gifts. Considerable progress has been made by laying the foundation for bequests in years to come.

Sincerely yours
C. F. WILLIAMS, M.D.
Director of Research.

REPORT OF ARCHITECTS

July 1, 1947

Dr. Coyt Ham, Superintendent
South Carolina State Hospital
Columbia, S. C.

Dear Dr. Ham:

We submit our report for the year ending June 30, 1947.

During the past year no new construction has been instituted through our office. Our service has been principally in connection with maintenance and repairs.

There has been considerable trouble with water seeping through the walls of the Williams Building and the Research Laboratory. To eliminate this we are suggesting that these buildings be treated externally by an expert waterproofing concern. We have requested two concerns to inspect and make a report on their recommendations and the cost of same. We will then consult with the Board of Regents offering our recommendations for their consideration.

As previously reported, plans and specifications are complete for the building for patients with criminal tendencies. This building is badly needed and we trust funds will be made available soon for its erection.

Respectfully submitted

LAFAYE, LAFAYE & FAIR
R. S. Lafaye.

Progress Report
WILLIAMS MALARIA LABORATORY
For the year ending June 30, 1947

Dr. Coyt Ham, Superintendent
South Carolina State Hospital
Columbia, South Carolina

Dear Doctor Ham:

I have the honor to submit the annual report for the year ending June 30, 1947, of the investigations conducted by the Malaria Research Laboratory of the U. S. Public Health Service in cooperation with the South Carolina State Hospital.

Research

The intravenous injection of malaria sporozoites as a standard method of inducing infections is being investigated. In one experiment, patients receiving relatively small inocula of sporozoites had shorter incubation and prepatent developmental periods than controls bitten by 10 infected mosquitoes. A satisfactory method of accurately determining the number of sporozoites in the inoculum is being sought.

A field study in the Santee-Cooper area of native *Plasmodium falciparum* in Negroes showed that patients with relatively low gametocyte densities, presumably chronic infections, infected mosquitoes bitten upon them. Those with the highest gametocyte densities did not infect. Those infections developed in cooler months of the year as well as in the summer. Of 143 lots of mosquitoes fed upon *P. falciparum* patients, 14.7 per cent showed infections. Of 6,500 mosquitoes dissected, 2.5 per cent were infected. This shows that patients with a low-grade gametocystemia can spread the disease and that the number of gametocytes present does not necessarily indicate the infectiveness of the patient.

The biology of the Santee-Cooper (South Carolina) strain of *P. falciparum* induced in patients is being studied. The results so far indicate that patients vary in the duration of infection. In untreated infections, parasite relapses occur irregularly but rarely provoke symptoms. Patients have shown intermittent infections for as long as 330 days. During these parasite relapses,

infections may be produced in mosquitoes fed upon the patient. Also, this strain appears to be effective as a therapeutic agent.

These two studies might be useful in providing a possible explanation of the overwintering of *P. falciparum* and in estimating the epidemiological significance of the *P. falciparum* patient.

To determine whether the immunity Negroes show to *P. vivax* can be overcome by repeated bites of infected mosquitoes, two patients were bitten daily by from 9 to 16 heavily infected mosquitoes for 14 days. A total of 167 and 165 mosquitoes, respectively, bit the two patients. No infections resulted which might indicate that the immunity is not easily broken down by massive sporozoite dosages.

A white patient who had a primary infection of *P. vivax* (St. Elizabeth strain) in 1940 showed only four paroxysms when reinoculated seven years later; this demonstrates that partial immunity existed after this period.

Small segmenting forms, similar to those of *P. ovale*, have been observed in two strains of *vivax* malaria from New Guinea. In one strain (Pait) these forms were seen in a soldier relapsing with the infection. Sub-inoculations showed that these forms were not constantly present. In a second strain (Chesson), these forms were present in neurosyphilitic patients after the strain had been transferred serially for several years through many patients.

These observations demonstrate that *P. vivax* can produce similar forms to those of *P. ovale* and that diagnosis of malaria in this country as the latter species should be guarded and only after thorough study.

Foreign *P. vivax* malaria induced in neurosyphilitics revealed the following information: Mediterranean and Pacific strains are similar in parasitemia densities and febrile responses. The periodicities of the tertian paroxysms averaged 44.5 hours, ranging from 43.6 to 45.1 hours. None showed a 48-hour periodicity. The maximum fevers usually preceded the maximum parasitemias. Chills were more frequently present with the first five fevers than with the later fevers. Sodium bismuth thioglycolate was reliable in changing remittent and quotidian paroxysms to tertian occurrence. Usually the primary infections produced over 10 paroxysms in white patients. The foreign malarias are

satisfactory as therapeutic agents to treat white neurosyphilitic patients but not to treat Negro patients.

Relapsing foreign *P. vivax* was studied in over 700 military patients. Most of the patients showed parasites before symptoms in the relapses. The parasite level at clinical relapse was significantly higher for Mediterranean strains (median 3836 per cmm.) than for Pacific strains (median 2952 per cmm.). Patients with high or low parasite counts during one relapse tended to have high or low levels, respectively, during a second relapse. Patients with low parasite levels during one relapse were as likely to relapse again as those with high parasite levels. Male gametocyte incidence was significantly higher in Mediterranean than in Pacific cases. Some patients produced gametocytes more persistently during relapses than other patients. The parasite level at the delayed primary attack was lower than at the relapse attack. About 12 per cent of the patients showed a low level asymptomatic parasitemia between clinical relapses. About 25 per cent showed asymptomatic parasitemia after the terminal clinical relapse. The asymptomatic parasitemia levels were lower than the parasitemias during symptomatic relapses. Parasites were present in the peripheral blood of Pacific patients 13 per cent of the time and in Mediterranean patients, 10 per cent of the time. In both groups, 75 to 80 per cent of the time of the parasitemia was asymptomatic.

The infectivity to *Anopheles quadrimaculatus* of asymptomatic parasitemias of foreign *P. vivax* revealed the following: Male gametocyte densities were lower in asymptomatic than in symptomatic carriers and were in proportion to the total parasite density. About 12 per cent of the mosquitoes were infected when fed on asymptomatic parasitemias as compared to 25 per cent infected when fed upon symptomatic parasitemias. The infection rates for cases from the Mediterranean and Pacific areas were similar.

The three types of asymptomatic parasitemias, viz., preclinical, interval, or terminal, all infected mosquitoes. Thus, malaria patients can infect mosquitoes whenever parasites are present in the blood stream although at a lower rate when asymptomatic. As the patient with an asymptomatic parasitemia is more likely to be exposed to mosquitoes than the ill patient, the hazard of the asymptomatic malaria carrier may be as great or greater than that of the one clinically ill.

The relative capacities of the common anopheline mosquitoes to transmit native malarias is being studied. It was found that *A. maculipennis freeborni* was significantly more susceptible to an established strain (St. Elizabeth) of *P. vivax* than *A. quadrimaculatus*, both as to the percentage of mosquitoes infected and to the intensity of the infections. These two mosquitoes are considered to be the principal vectors in this country. Comparatively, *A. albimanus* was shown to be a relatively poor vector.

Culex mosquitoes apparently are not susceptible to human malaria. The reasons for this are being sought.

To obtain sufficient data to be statistically valid, in determining the relative capacities of different mosquitoes to transmit malaria, it is necessary to colonize them so that large numbers can be secured under controlled conditions.

Determining the biological factors vital to successful colonization is often a difficult problem since various species have different requirements. The experience gained in the mass production of *A. quadrimaculatus* and *A. m. freeborni* has been helpful with other species. *A. punctipennis* and *A. albimanus* have been colonized. Attempts are being made with *A. crucians crucians* and *A. walkeri*.

The efficacy of chloroquine, quinacrine, quinine, and totaquine was tested against 79 induced infections of *P. malariae*, U. S. P. H. S. and Trinidad strains. Chloroquine gave the best results. Quinacrine was better than quinine. Totaquine gave the poorest results.

P. malariae responded relatively slowly to all the drugs tested. Using similar chloroquine regimens, patients were fully cleared of *P. vivax* parasites in the peripheral blood faster than of *P. malariae* although the densities of the *P. vivax* parasites were several times greater at the beginning of treatment.

No evidence was found that increased amounts of acquired immunity would aid anti-malaria drugs in the faster clearing of the parasites from the blood stream.

We are cooperating in the search for anti-malarial drugs with the Division of Physiology, National Institute of Health, and with the University of Chicago. Each of these maintain a unit where volunteer prisoners are given malaria by the bites of infected mosquitoes. During the year, 264 patients were inocu-

lated with malaria by mosquito bites. So far, this has resulted in the discovery of several drugs which promise to be good anti-malarials. Tests are being continued to accurately evaluate their efficiency.

In addition, work is being done on the natural history of *P. vivax* strains, particularly to determine the relapse patterns and duration of infections of Chesson (South Pacific strain) and St. Elizabeth strains of *P. vivax*, either in single or combined infections.

Miscellaneous

The laboratory continues to be a center for distributing inocula of established strains of malaria to be used in the treatment of neurosyphilis. During the year, 228 inocula were mailed in response to 175 requests. Information was also supplied on the therapeutic use of malaria upon numerous occasions.

In response to requests from medical schools, research groups, and others, 1,102 malaria smears were sent. Mosquitoes, both infected and uninfected, have been supplied to scientific workers for experimental and teaching purposes.

The branch laboratory at the Milledgeville (Georgia) State Hospital was maintained and carried out cooperative work in the study of malaria and in the search for new and better anti-malarial drugs.

MOSQUITO PRODUCTION

	Number Rearred	Number Fed	Number Dissected	Number Infected	Per Cent Infected
<i>A. quadrimaculatus</i>	309,608	11,662	2,665	1,384	51.9
<i>A. m. freeborni</i>	51,228	812	240	124	51.6
<i>A. c. crucians</i>	9,709	168	90	25	27.7
<i>A. punctipennis</i>	7,066	36	67	2	2.9
<i>A. albimanus</i>	48,521	666	258	2	0.8
<i>A. atropos</i>	124	-----	-----	-----	-----
<i>C. quinquefasciatus</i>	52	-----	-----	-----	-----
<i>C. pipiens</i>	6,281	25	9	4*	44.4
<i>A. aegypti</i>	3,015	-----	-----	-----	-----
TOTALS	435,604	13,369	3,329	1,541	46.2

* Bird Malaria

PATIENTS INOCULATED

	Mosquitoes	Blood	Totals
<i>P. vivax</i>	22	20	42
<i>P. malariae</i>	0	48	48
<i>P. falciparum</i>	5	24	29
	—	—	—
TOTALS	27	92	119

Besides the Director, the other staff members are: Dr. Robert W. Burgess, entomologist; Mr. William M. May, Miss Margaret H. Fanning, Mrs. Julia C. Stearns, and Mr. Fred Miller, technicians; Misses Elizabeth G. Williams and Jean A. Ruckle, stenographers; and John Sharper, laborer.

The papers published or in press are shown below:

Papers Published

1. Young, M. D., Ellis, J. M., and Stubbs, T. H.

Studies on Imported Malaras: 5. Transmission of Foreign *Plasmodium Vivax* by *Anopheles Quadrimaculatus*. *Am. Jour. Trop. Med.* 26(4) :477-82. July, 1946.

2. Faust, E. C., Hess, A. D., and Young, M. D.

Malaria Mortality and Morbidity in the United States for the Year 1944. *Jour. Nat. Mal. Soc.* 5(2) :103-112. June, 1946.

3. Burgess, R. W., and Young, M. D.

Experimental Transmission of *Plasmodium Falciparum* by *Anopheles Maculipennis Freeborni*. *Jour. Nat. Mal. Soc.* 5(2) : 151-2. June, 1946.

4. Burgess, R. W.

Pigmentation as a Specific Character in Certain Anopheline Pupae. *Jour. Nat. Mal. Soc.* 5(3) :189-91. September, 1946.

5. Young, M. D., and Burgess, R. W.

Plastic Cages for Insects. *Science.* 104(2703) :375. October, 1946.

6. Young, M. D., and Burgess, R. W.

The Transmission of *Plasmodium Malariae* by *Anopheles Maculipennis Freeborni*. *Am. Jour. Trop. Med.* 27(1) :39-40. January, 1947.

7. Eyles, D. E., and Most, Harry.

Infectivity of Pacific Island *Wuchereria Bancrofti* to Mosquitoes of the United States. *Am. Jour. Trop. Med.* 27(2):211-220. March, 1947.

8. Eyles, D. E., Hunter, G. W., and Warren, V. G.

Periodicity of Microfilariae in Two Patients with Falariasis Acquired in the South Pacific. *Am. Jour. Trop. Med.* 27(2):203-209. March, 1947.

Papers in Press

1. MacDougall, M. S.

Cytological Studies of Plasmodium: The Male Gamete. *Jour. Nat. Mal. Soc.*

2. Hardman, N. F.

Studies on Imported Malarias: 3. Laboratory Rearing of Western Anophelines. *Jour. Nat. Mal. Soc.*

3. Young, M. D., Ellis, J. M., and Stubbs, T. H.

Studies on Imported Malarias: 6. Some Characteristics of Foreign *Vivax* Malarias Induced in Neurosyphilitic Patients. *Am. Jour. Trop. Med.*

4. Eyles, D. E., and Young, M. D.

Studies on Imported Malarias: 7. The Parasitological Patterns of Relapsing *Plasmodium Vivax* in Military Patients. *Jour. Nat. Mal. Soc.*

5. Eyles, D. E., Young, M. D., and Burgess, R. W.

Studies on Imported Malarias: 8. The Infectivity of *Anopheles Quadrimaculatus* to Asymptomatic *Plasmodium Vivax* Parasitemias. *Jour. Nat. Mal. Soc.*

6. Coatney, G. R., Cooper, W. C., Young, Martin D., and McLendon, Sol B., M.D.

Studies in Human Malaria: 1. The Protective Action of Sulfadiazine and Sulfapyrazine Against Sporozoite-Induced *Falciparum* Malaria. *Am. Jour. Hyg.*

7. Coatney, G. R., Cooper, W. C., Young, Martin D., Burgess, R. W., and Smarr, R. G., M.D.

Studies in Human Malaria: 2. Suppressive Effect of Sulfadiazine and Sulfapyrazine Against Sporozoite-Induced *Vivax* Malaria. *Am. Jour. Hyg.*

8. Coatney, G. R., Cooper, W. C., Young, M. D., and Burgess, R. W.

Studies in Human Malaria: 4. The Suppressive Action of a Phenanthrene Amino-Alcohol, NIH-204 (SN-1796) Against Sporozoite-Induced *Vivax* Malaria (St. Elizabeth Strain). *Am. Jour. Hyg.*

During the year Doctor Young gave talks to the American Society of Parasitologists and the Association of Southeastern Biologists and lectures to the Medical College of South Carolina, a class from Winthrop College and a class from Erskine College. Doctor Burgess presented scientific papers to the National Malaria Society and to the South Carolina Academy of Science.

Respectfully submitted

MARTIN D. YOUNG

Director.

Statistical Tables

PSYCHOSES OF FIRST ADMISSIONS

PSYCHOSES	White Men	White Women	Negro Men	Negro Women	Total
Psychoses with Syphilitic Meningo-Encephalitis (General Paresis)...	22	8	56	23	109
Psychoses with Epidemic Encephalitis	2	6	..	1	9
Psychoses with Other Infectious Diseases	1	1	1	..	3
Tuberculosis .....	..	..	1	..	1
Meningitis	1	..	..	..	1
Post-infectious psychoses .....	..	1	..	..	1
Alcoholic Psychoses	26	1	10	..	37
Pathological intoxication	4	..	2	..	6
Delirium tremens	16	1	4	..	21
Chronic deterioration	1	..	..	..	1
Acute hallucinosis	5	..	3	..	8
Paranoid .....	..	..	1	..	1
Psychoses Due to Drugs or Other Exogenous Poisons	4	3	..	..	7
Opium and derivatives	4	3	..	..	7
Traumatic Psychoses	3	..	1	..	4
Traumatic delirium .....	..	..	1	..	1
Post-traumatic personality disorders	2	..	..	..	2
Post-traumatic mental deterioration	1	..	..	..	1
Psychoses with Cerebral Arteriosclerosis	73	59	29	22	183
Psychoses with Other Disturbances of Circulation	15	13	3	7	38
Cardio-renal disease	15	13	2	7	37
Other types .....	..	..	1	..	1
Psychoses with Convulsive Disorders (Epilepsy)	8	11	12	12	43
Deterioration	8	9	12	12	41
Clouded states .....	..	1	..	..	1
Other epileptic types .....	..	1	..	..	1
Senile Psychoses	18	19	16	13	66
Simple deterioration	12	15	12	10	49
Presbyophrenic	1	..	..	..	1
Delirious and confused	1	2	1	1	4
Depressed and agitated	1	..	1	..	3
Paranoid	3	2	2	2	9
Involutional Psychoses	17	32	..	2	51
Melancholia	16	26	..	1	43
Paranoid	1	6	..	1	8
Psychoses Due to Other Metabolic, Etc., Diseases	4	3	..	7	14
Alzheimer's disease .....	..	1	..	..	1
Pellagra .....	..	..	..	1	1
Other somatic diseases	4	2	..	6	12
Psychoses Due to New Growth	1	1	..	..	2
Intracranial neoplasms	1	1	..	..	2
Psychoses Associated with Organic Changes of the Nervous System	2	2	1	..	5
Multiple sclerosis .....	..	..	1	..	1
Poliomyelitis	1	..	..	..	1
Huntington's chorea	1	1	..	..	2
Other brain or nervous diseases .....	..	1	..	..	1
Psychoneuroses	22	63	..	..	85
Hysteria	8	42	..	..	50
Psychasthenia	3	1	..	..	4
Neurasthenia	3	3	..	..	6
Hypochondriasis .....	..	3	..	..	3
Reactive depression	5	6	..	..	11
Anxiety state	2	3	..	..	5
Mixed psychoneurosis	1	5	..	..	6
Manic-Depressive Psychoses	31	42	37	55	165
Manic	18	29	35	53	135
Depressive	11	12	..	2	25
Mixed .....	..	1	..	..	1
Perplexed	2	..	2	..	4
Dementia Praecox (Schizophrenia)	32	66	54	71	223
Simple	2	2	1	..	5
Hebephrenic	11	8	29	23	71
Catatonic	12	42	21	34	109
Paranoid	6	14	3	14	37
Other types	1	..	..	..	1

PSYCHOSES OF FIRST ADMISSIONS (Continued)

PSYCHOSES	White Men	White Women	Negro Men	Negro Women	Total
Paranoia and Paranoid Conditions	8	14	1	1	24
Paranoia .....	..	3	1	1	5
Paranoid conditions	8	11	..	..	19
Psychoses with Psychopathic Personality	1	1	..	..	2
Psychoses with Mental Deficiency	16	10	7	9	42
Undiagnosed Psychoses	4	..	1	1	6
Total with Psychoses	310	355	229	224	1,118
Without Psychoses					
Alcoholism	54	4	1	..	59
Convulsive disorders .....	..	..	2	1	3
Disorders of personality due to epidemic encephalitis	1	..	..	..	1
Drug addiction	4	1	..	..	5
Mental deficiency	8	4	11	5	28
Physical condition	1	1	..	..	2
Primary behavior disorders:					
Simple adult maladjustment	2	2	..	1	5
Psychopathic personality	24	3	3	..	30
Without mental disorder	22	6	6	1	35
Total without Psychoses	116	21	23	8	168
GRAND TOTAL	426	376	252	232	1,286

**AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE**

PSYCHOSES	Total	Under 15 years			15-19 years			20-24 years			25-29 years			30-34 years			35-39 years			40-44 years			45-49 years			50-54 years			55-59 years			60-64 years			65-69 years			70 years and over			Unascertained			
		M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T							
Psychoses with syphilitic meningo-encephalitis (general paresis)	22	8	30	..	1	1	1	1	2	2	2	1	1	7	3	10	4	1	5	3	..	3	1	..	1	2	..	2	1	..	1	2	..	2			
Psychoses with epidemic encephalitis	2	6	8	1	..	1	..	3	2	..	2	1	1	2				
Psychoses with other infectious diseases	1	1	2	1	1	1	..	1	..				
Alcoholic psychoses	26	1	27	2	2	..	2	6	..	6	2	1	3	7	..	7	4	..	4	1	..	1	1	..	1	1	..	1	..				
Psychoses due to drugs or other exogenous poisons	4	3	7	1	1	..	1	1	1	1	1	..	1	1	..	1	1	..	1	1				
Traumatic psychoses	3	..	3	1	1	1	1	1	1				
Psychoses with cerebral arteriosclerosis	73	59	132	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4	5	5	10	8	10	18	17	12	29	18	17	35	23	13		
Psychoses with other disturbances of circulation	15	13	28	1	1				
Psychoses with convulsive disorders (epilepsy)	8	11	19	..	2	2	3	..	3	2	1	3	3	1	4	1	1	..	2	2			
Senile psychoses	18	19	37			
Involutional psychoses	17	32	49	1	1	..	3	3	3	1	4	5	9	12	21	4	6	10	1	6	7	2	2	..	2	3	..	3	14	19	33			
Psychoses due to other metabolic, etc., diseases	4	3	7	1	1	1	1	..	1	1	..	1	1	..	1	1			
Psychoses due to new growth	1	1	2	1	1	2			
Psychoses associated with organic changes of the nervous system	2	2	4	2	..	2	1	1	1	1			
Psychoneuroses	22	63	85	1	1	2	..	1	9	10	4	7	11	6	14	20	2	16	18	4	2	6	2	5	7	..	4	4	1	1	2	1	3	4	..	1	1	..			
Manic-depressive psychoses	31	42	73	1	3	4	2	6	8	5	3	8	4	11	15	9	12	21	4	5	9	4	1	5			
Dementia praecox (schizophrenia)	32	66	98	1	..	1	7	12	19	4	10	14	9	17	26	6	11	17	4	12	16	..	4	4		
Paranoia and paranoid conditions	8	14	22	1	..	1	..	2	2	3	3	6	..	3	3	..	4	4	1	1	2	1	1	2	..	2	..	2			
Psychoses with psychopathic personality	1	1	2	1	1	2	..	2	..	1	..	1	1	..	1	1		
Psychoses with mental deficiency	16	10	26	1	..	1	4	1	5	2	4	6	2	..	2	1	..	1	1	1	2	2	4	2	1	3	1	..	1	1	..	1	1	..	1	1		
Undiagnosed psychoses	4	4	1	..	1	1	1	..	1	..	1	..	1		
Without psychoses	114	19	133	3	3	6	7	2	9	21	4	25	10	11	18	..	18	17	2	19	15	3	18	5	..	5	7	1	8	5	..	5	2	2	4	3	..	3	1	1	2	
Primary behavior disorders	2	2	4	1	1	1	..	1	..	1		
TOTAL	426	376	802	5	6	11	26	22	48	34	35	69	36	34	70	43	39	82	47	53	100	39	30	69	36	26	62	25	23	48	25	24	49	28	21	49	33	24	57	49	38	87	..	1

AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
NEGRO RACE

PSYCHOSES	Total			Under 15 years			15-19 years			20-24 years			25-29 years			30-34 years			35-39 years			40-44 years			45-49 years			50-54 years			55-59 years			60-64 years			65-69 years			70 years and over			Unascertained				
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T					
Psychoses with syphilitic meningo-encephalitis (general paresis)	56	23	79	..	1	1	2	1	3	..	5	5	6	1	7	11	4	15	11	6	17	11	3	14	6	1	7	4	1	5	4	..	4	1	..	1		
Psychoses with epidemic encephalitis	..	1	1	1	1			
Psychoses with other infectious diseases	1	..	1	1	1			
Alcoholic psychoses	10	..	10	1	..	1	4	..	4	2	..	2	1	..	1	1	..	1	1	..	1		
Traumatic psychoses	1	..	1	1	..	1	..	1		
Psychoses with cerebral arteriosclerosis	29	22	51	1	..	1	1	1	2	5	3	8	7	5	12	6	3	9	6	5	11	2	4	6	1	1	2		
Psychoses with other disturbances of circulation	3	7	10	2	..	2	1	1		
Psychoses with convulsive disorders (epilepsy)	12	12	24	1	..	1	5	2	7	3	3	6	1	3	4	2	2	4	..	1	1	..	1	1	..	1		
Senile psychoses	16	13	29	1	1	..	1	1		
Involutional psychoses	..	2	2	1	1	..	1	1		
Psychoses due to other metabolic, etc., diseases	..	7	7	3	3	1	1	..	1	1	2	2		
Psychoses associated with organic changes of the nervous system	1	..	1	1	..	
Manic-depressive psychoses	37	55	92	6	10	16	9	8	17	5	12	17	2	9	11	7	7	14	5	..	5	2	5	7	1	1	2	..	1	1	..	2	
Dementia praecox (schizophrenia)	54	71	125	4	7	11	17	18	35	16	15	31	8	14	22	3	9	12	2	3	5	3	4	7	..	1	1	2	1	..	1	..
Paranoia and paranoid conditions	1	1	2	1	1	1	
Psychoses with mental deficiency	7	9	16	2	..	2	2	4	2	2	4	1	2	..	3	..	1	1	..	1	1	..	1	1
Undiagnosed psychoses	1	1	2	1	1	1	1	1	1	
Without psychoses	23	7	30	4	3	7	4	1	5	5	2	7	4	1	5	3	..	3	..	1	..	1	..	1	1	..	1	1	..	1	..	
Primary behavior disorders	..	1	1	1	1	
TOTAL	252	232	484	5	4	9	19	21	40	39	35	74	32	39	71	27	29	56	26	25	51	21	13	34	23	19	42	14	10	24	11	9	20	14	10	24	5	11	16	13	7	20	3	..	3		

**DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES**

WHITE RACE

PSYCHOSES	Total			Illiterate			Reads and Writes			Common School			High School			College			Unac- tained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo- encephalitis (general paresis)	22	8	30	2	..	2	3	1	4	10	3	13	5	2	7	2	..	2	..	2	2
Psychoses with epidemic encephalitis..	2	6	8	..	1	1	..	..	..	1	4	5	1	1	2	..	..	..	..	..	..
Psychoses with other infectious diseases	1	1	2	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	26	1	27	1	..	1	..	..	..	14	..	14	7	..	7	4	1	5	..	..	..
Psychoses due to drugs or other exogenous poisons	4	3	7	..	..	..	..	..	..	1	1	2	2	..	2	1	2	3	..	..	..
Traumatic psychoses	3	..	3	..	..	..	..	..	..	1	..	1	2	..	2	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	73	59	132	7	3	10	..	1	1	45	35	80	11	11	22	7	4	11	3	5	8
Psychoses with other disturbances of circulation	15	13	28	2	3	5	1	..	1	6	6	12	4	..	4	2	3	5	..	1	1
Psychoses with convulsive disorders (epilepsy)	8	11	19	3	1	4	..	1	1	3	4	7	..	2	2	..	..	..	2	3	5
Senile psychoses	18	19	37	2	2	4	1	..	1	6	12	18	4	3	7	2	1	3	3	1	4
Involuntional psychoses	17	32	49	1	1	2	..	14	14	10	11	21	5	..	5	1	6	7	..	..	..
Psychoses due to other metabolic, etc., diseases	4	3	7	1	1	2	..	..	..	2	1	3	..	1	1	..	..	..	1	..	1
Psychoses due to new growth	1	1	2	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1	..	..	..
Psychoses associated with organic changes of the nervous system	2	2	4	..	..	..	..	..	..	1	2	3	..	..	..	1	..	1	..	..	..
Psychoneuroses	22	63	85	..	1	1	3	1	4	9	27	36	6	21	27	1	9	10	3	4	7
Manic-depressive psychoses	31	42	73	2	1	3	..	3	14	16	30	9	16	25	3	7	10	..	2	2	..
Dementia praecox (schizophrenia)....	32	66	98	1	..	1	3	..	3	21	28	49	7	31	38	..	3	3	..	4	4
Paranoia and paranoid conditions	8	14	22	..	..	..	..	..	..	5	5	10	2	2	4	1	6	7	..	1	1
Psychoses with psychopathic personality	1	1	2	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
Psychoses with mental deficiency	16	10	26	6	5	11	1	..	1	7	5	12	1	..	1	1	..	1	..	..	..
Undiagnosed psychoses	4	..	4	..	..	..	..	..	..	1	..	1	1	..	1	2	..	2	..	..	..
Without psychoses	114	19	133	6	5	11	14	..	14	51	6	57	26	7	33	14	1	15	3	..	3
Primary behavior disorders	2	2	4	..	..	..	..	..	..	2	1	3	..	1	1	..	..	..	..	..	..
TOTAL	426	376	802	34	24	58	29	18	47	212	169	381	93	99	192	43	43	86	15	23	33

DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES

NEGRO RACE

PSYCHOSES	Total			Illiterate			Reads and Writes			Common School			High School			College			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo- encephalitis (general paresis)	56	23	79	18	8	26	7	..	7	28	13	41	3	..	3	..	..	..	..	2	2
Psychoses with epidemic encephalitis ..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Psychoses with other infectious diseases ..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	10	..	10	3	..	3	3	..	3	4	..	4	..	..	..	..	..	..	..	..	..
Traumatic psychoses	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis ..	29	22	51	15	6	21	2	..	2	11	13	24	..	..	1	..	1	..	3	3	3
Psychoses with other disturbances of circulation	3	7	10	1	1	2	..	..	..	2	5	7	..	..	..	..	..	..	1	1	1
Psychoses with convulsive disorders (epilepsy)	12	12	24	4	3	7	2	..	2	6	6	12	..	1	1	..	..	..	2	2	2
Senile psychoses	16	13	29	11	3	14	1	..	1	4	7	11	..	..	..	..	..	..	3	3	3
Involuntional psychoses .....	..	2	2	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases .....	..	7	7	..	3	3	..	..	..	4	4	..	..	..	..	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Manic-depressive psychoses	37	55	92	14	10	24	6	..	6	13	36	49	3	4	7	1	1	2	..	4	4
Dementia praecox (schizophrenia) ..	54	71	125	11	6	17	8	..	8	32	53	85	3	9	12	..	3	3	..	..	..
Paranoia and paranoid conditions ..	1	1	2	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
Psychoses with mental deficiency ..	7	9	16	3	2	5	1	2	3	3	5	8	..	..	..	..	..	..	..	..	..
Undiagnosed psychoses	1	1	2	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
Without psychoses	23	7	30	18	4	22	2	..	2	3	3	6	..	..	..	..	..	..	..	..	..
Primary behavior disorders .....	..	1	1	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..
TOTAL	252	232	484	100	46	146	33	2	35	108	150	258	9	14	23	2	4	6	..	16	16

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE

PSYCHOSES	Total			Urban			Rural		
	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	22	8	30	10	5	15	12	3	15
Psychoses with epidemic encephalitis	2	6	8	..	2	2	2	4	6
Psychoses with other infectious diseases	1	1	2	1	..	1	..	1	1
Alcoholic psychoses	26	1	27	13	1	14	13	..	13
Psychoses due to drugs or other exogenous poisons	4	3	7	3	3	6	1	..	1
Traumatic psychoses	3	..	3	2	..	2	1	..	1
Psychoses with cerebral arteriosclerosis	73	59	132	36	29	65	37	30	67
Psychoses with other disturbances of circulation	15	13	28	5	5	10	10	8	18
Psychoses with convulsive disorders (epilepsy)	8	11	19	3	6	9	5	5	10
Senile psychoses	18	19	37	4	8	12	14	11	25
Involuntional psychoses	17	32	49	7	17	24	10	15	25
Psychoses due to other metabolic, etc., diseases	4	3	7	1	2	3	3	1	4
Psychoses due to new growth	1	1	2	1	1	2	..	..	..
Psychoses associated with organic changes of the nervous system	2	2	4	1	1	2	1	1	2
Psychoneuroses	22	63	85	10	33	43	12	30	42
Manic-depressive psychoses	31	42	73	13	20	33	18	22	40
Dementia praecox (schizophrenia)	32	66	98	12	32	44	20	34	54
Paranoia and paranoid conditions	8	14	22	2	11	13	6	3	9
Psychoses with psychopathic personality	1	1	2	..	..	1	1	1	2
Psychoses with mental deficiency	4	..	4	3	..	3	1	..	1
Undiagnosed psychoses	114	19	133	66	10	76	48	9	57
Without psychoses	2	2	4	1	1	2	1	1	2
Primary behavior disorders .....	..	..	..	..	..	..	..	..	..
TOTAL	426	376	802	197	191	388	229	185	414

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
NEGRO RACE

PSYCHOSES	Total			Urban			Rural		
	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	56	23	79	39	19	58	17	4	21
Psychoses with epidemic encephalitis .....	..	1	1	..	..	..	..	1	1
Psychoses with other infectious diseases	1	..	1	..	..	..	1	..	1
Alcoholic psychoses	10	..	10	8	..	8	2	..	2
Traumatic psychoses	1	..	1	1	..	1	..	..	..
Psychoses with cerebral arteriosclerosis	29	22	51	24	12	36	5	10	15
Psychoses with other disturbances of circulation	3	7	10	2	4	6	1	3	4
Psychoses with convulsive disorders (epilepsy)	12	12	24	6	4	10	6	8	14
Senile psychoses	16	13	29	11	9	20	5	4	9
Involuntional psychoses .....	..	2	2	..	1	1	..	1	1
Psychoses due to other metabolic, etc., diseases .....	..	7	7	..	2	2	..	5	5
Psychoses associated with organic changes of the nervous system	1	..	1	..	..	..	1	..	1
Manic-depressive psychoses	37	55	92	19	33	52	18	22	40
Dementia praecox (schizophrenia)	54	71	125	41	38	79	13	33	46
Paranoia and paranoid conditions	7	1	8	1	2	3	..	..	..
Psychoses with mental deficiency	7	9	16	6	5	11	1	4	5
Undiagnosed psychoses	1	1	2	1	1	2	..	..	..
Without psychoses	23	7	30	18	3	21	5	4	9
Primary behavior disorders .....	..	1	1	..	1	1	..	..	..
TOTAL	252	232	484	177	133	310	75	99	174

**ECONOMIC CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE
TO PRINCIPAL PSYCHOSES
WHITE RACE**

PSYCHOSES	Total			Dependent			Marginal			Comfortable		
	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	22	8	30	1	..	1	21	8	29	..	..	..
Psychoses with epidemic encephalitis	2	6	8	1	1	2	1	5	6	..	..	..
Psychoses with other infectious diseases	1	1	2	..	..	..	1	1	2	..	..	..
Alcoholic psychoses	26	1	27	..	..	..	26	..	26	..	1	1
Psychoses due to drugs or other exogenous poisons	4	3	7	..	..	..	3	3	6	1	..	1
Traumatic psychoses	3	..	3	..	..	..	3	..	3	..	..	..
Psychoses with cerebral arteriosclerosis	73	59	132	3	3	6	67	52	119	3	4	7
Psychoses with other disturbances of circulation	15	13	28	..	..	..	14	11	25	1	2	3
Psychoses with convulsive disorders (epilepsy)	8	11	19	..	2	2	8	9	17	..	..	..
Senile psychoses	18	19	37	2	4	6	16	13	29	..	2	2
Involuntional psychoses	17	32	49	..	1	1	16	28	44	1	3	4
Psychoses due to other metabolic, etc., diseases	4	3	7	..	..	..	4	3	7	..	..	..
Psychoses due to new growth	1	1	2	..	..	..	1	1	2	..	..	..
Psychoses associated with organic changes of the nervous system	2	2	4	..	..	..	2	2	4	..	..	..
Psychoneuroses	22	63	85	..	1	1	19	54	73	3	8	11
Manic-depressive psychoses	31	42	73	..	..	..	29	34	63	2	8	10
Dementia praecox (schizophrenia)	32	66	98	3	2	5	29	60	89	..	4	4
Paranoia and paranoid conditions	8	14	22	..	..	..	7	12	19	1	2	3
Psychoses with psychopathic personality	1	1	2	..	..	..	1	1	2	..	..	..
Psychoses with mental deficiency	16	10	26	1	1	2	15	9	24	..	..	..
Undiagnosed psychoses	4	..	4	..	..	..	3	..	3	1	..	1
Without psychoses	114	19	133	10	4	14	98	13	111	6	2	8
Primary behavior disorders	2	2	4	1	..	1	1	2	3	..	..	..
TOTAL	426	376	802	22	19	41	385	321	706	19	36	55

**ECONOMIC CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE
TO PRINCIPAL PSYCHOSES
NEGRO RACE**

PSYCHOSES	Total			Dependent			Marginal		
	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	56	23	79	1	..	1	55	23	78
Psychoses with epidemic encephalitis .....	..	1	1	..	..	..	..	1	1
Psychoses with other infectious diseases	1	..	1	1	..	1	..	..	..
Alcoholic psychoses	10	..	10	..	..	..	10	..	10
Traumatic psychoses	1	..	1	..	..	..	1	..	1
Psychoses with cerebral arteriosclerosis	29	22	51	2	1	3	27	21	48
Psychoses with other disturbances of circulation	3	7	10	1	1	2	2	6	8
Psychoses with convulsive disorders (epilepsy)	12	12	24	2	..	2	10	12	22
Senile psychoses	16	13	29	1	1	2	15	12	27
Involuntional psychoses .....	..	2	2	..	..	..	..	2	2
Psychoses due to other metabolic, etc., diseases .....	..	7	7	..	..	..	..	7	7
Psychoses associated with organic changes of the nervous system	1	..	1	..	..	..	..	..	..
Manic-depressive psychoses	37	55	92	1	1	2	36	54	90
Dementia praecox (schizophrenia)	54	71	125	3	..	3	51	71	122
Paranoia and paranoid conditions	1	1	2	..	..	..	1	1	2
Psychoses with mental deficiency	7	9	16	1	..	1	6	9	15
Undiagnosed psychoses	1	1	2	..	..	..	1	1	2
Without psychoses	23	7	30	6	1	7	17	6	23
Primary behavior disorders .....	..	1	1	..	..	..	..	1	1
TOTAL	252	232	484	20	5	25	232	227	459

USE OF ALCOHOL BY FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE

PSYCHOSES	Total			Abstinent			Temperate			Intemperate			Uncertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	22	8	30	12	8	20	5	..	5	5	..	5	..	..	..
Psychoses with epidemic encephalitis	2	6	8	2	6	8	..	..	..	..	..	..	..	..	..
Psychoses with other infectious diseases	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	26	1	27	..	..	..	..	..	..	26	1	27	..	..	..
Psychoses due to drugs or other exogenous poisons	4	3	7	2	..	2	3	3	2	..	..	..	..	..	..
Traumatic psychoses	3	..	3	1	..	1	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	73	59	132	50	54	104	6	1	7	5	..	12	4	16	..
Psychoses with other disturbances of circulation	15	13	28	10	9	19	1	1	2	4	1	5	..	2	2
Psychoses with convulsive disorders (epilepsy)	8	11	19	7	11	18	..	..	1	..	..	1	..	..	..
Senile psychoses	18	19	37	12	19	31	3	..	3	3	..	3	..	..	..
Involutional psychoses	17	32	49	11	31	42	3	1	4	3	..	3	..	..	..
Psychoses due to other metabolic, etc., diseases	4	3	7	3	3	6	..	..	1	..	..	1	..	..	..
Psychoses due to new growth	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	2	2	4	2	2	4	..	..	..	..	..	..	..	..	..
Psychoneuroses	22	63	85	8	51	59	3	5	8	9	7	16	2	..	2
Manic-depressive psychoses	31	42	73	20	37	57	3	5	8	5	..	5	3	..	3
Dementia praecox (schizophrenia)	32	66	98	23	59	82	3	1	4	5	..	5	1	6	7
Paranoia and paranoid conditions	8	14	22	6	11	17	..	..	2	1	3	..	2	2	2
Psychoses with psychopathic personality	1	1	2	1	2	..	..	..	..	..	..	..	..	..	..
Psychoses with mental deficiency	16	10	26	13	6	19	2	1	3	1	1	2	..	2	2
Undiagnosed psychoses	4	..	4	1	..	1	..	..	1	..	..	1	..	..	..
Without psychoses	114	19	133	22	12	34	11	..	11	80	7	87	1	..	1
Primary behavior disorders	2	2	4	1	..	1	..	..	1	2	3	..	..	..	..
TOTAL	426	376	802	209	322	531	42	18	60	156	20	176	19	16	35

USE OF ALCOHOL BY FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
NEGRO RACE

PSYCHOSES	Total			Abstinent			Temperate			Intemperate			Uncertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	56	23	79	19	19	38	16	2	18	15	..	15	6	2	8
Psychoses with epidemic encephalitis .....	..	1	1	..	..	..	..	..	..	..	..	..	1	1	..
Psychoses with other infectious diseases	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	10	..	10	..	..	..	..	..	..	10	..	10	..	..	..
Traumatic psychoses	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..
Psychoses with cerebral arteriosclerosis	29	22	51	15	20	35	8	2	10	6	..	6	..	..	..
Psychoses with other disturbances of circulation	3	7	10	3	7	10	..	..	..	..	..	..	..	..	..
Psychoses with convulsive disorders (epilepsy)	12	12	24	8	11	19	..	1	1	4	..	4	..	..	..
Senile psychoses	16	13	29	8	11	19	5	1	6	3	..	3	..	1	1
Involutional psychoses .....	..	2	2	..	2	2	..	..	..	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases .....	..	7	7	..	6	6	..	..	..	..	..	..	..	1	1
Psychoses associated with organic changes of the nervous system	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
Manic-depressive psychoses	37	55	92	13	49	62	14	2	16	10	1	11	..	3	3
Dementia praecox (schizophrenia)	54	71	125	27	62	89	11	7	18	16	2	18	..	..	..
Paranoia and paranoid conditions	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..
Psychoses with mental deficiency	7	9	16	..	9	9	2	..	2	2	..	2	3	..	3
Undiagnosed psychoses	1	1	2	..	1	1	..	..	1	..	1	1	..	..	..
Without psychoses	23	7	30	8	7	15	7	..	7	5	..	5	3	..	3
Primary behavior disorders .....	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
TOTAL	252	232	484	104	206	310	63	15	78	73	3	76	12	8	20

**MARITAL CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE
TO PRINCIPAL PSYCHOSES
WHITE RACE**

PSYCHOSES	Total			Single			Married			Widowed			Separated			Divorced			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo- encephalitis (general paresis)	22	8	30	4	1	5	12	4	16	3	2	5	2	1	3	1	..	..	..	..	..
Psychoses with epidemic encephalitis	2	6	8	1	5	6	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with other infectious diseases	1	1	2	1	..	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	26	1	27	8	..	8	15	..	15	..	1	1	2	..	2	1	..	1	..	..	..
Psychoses due to drugs or other exogenous poisons	4	3	7	1	..	1	3	1	4	..	2	2	..	..	..	..	..	..	..	..	..
Traumatic psychoses	3	..	3	1	..	1	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..
Psychoses with cerebral arteriosclerosis	73	59	132	6	9	15	49	23	72	14	25	39	3	1	4	..	1	1	1	..	1
Psychoses with other disturbances of circulation	15	13	28	2	1	3	6	2	8	5	8	13	2	2	4	..	..	..	..	..	..
Psychoses with convulsive disorders (epilepsy)	8	11	19	7	4	11	..	5	5	1	..	1	..	2	2	..	..	..	..	..	..
Senile psychoses	18	19	37	2	3	5	4	6	10	12	8	20	..	1	1	..	1	1	..	..	..
Involuntional psychoses	17	32	49	3	4	7	14	20	34	..	6	6	..	1	1	..	1	1	..	..	..
Psychoses due to other metabolic, etc., diseases	4	3	7	3	1	4	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses due to new growth	1	1	2	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	2	2	4	2	1	3	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Psychoneuroses	22	63	85	4	4	8	16	48	64	..	4	4	1	6	7	1	1	2	..	..	..
Manic-depressive psychoses	31	42	73	11	8	19	17	33	50	1	..	1	1	1	2	1	1	..	..	..	..
Dementia praecox (schizophrenia)	32	66	98	22	32	54	7	31	38	..	..	..	3	3	6	..	..	..	..	..	..
Paranoia and paranoid conditions	8	14	22	..	..	7	9	16	1	3	4	..	2	2	..	..	..	..	..	..	..
Psychoses with psychopathic personality	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with mental deficiency	16	10	26	11	5	16	4	3	7	1	1	2	..	1	1	..	..	..	..	..	..
Undiagnosed psychoses	4	..	4	1	..	1	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..
Without psychoses	114	19	133	35	10	45	64	6	70	2	1	3	8	1	9	5	1	6	..	..	..
Primary behavior disorders	2	2	4	1	..	1	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL	426	376	802	127	89	216	225	199	424	40	61	101	22	22	44	11	5	16	1	..	1

NEGRO RACE

Psychoses with syphilitic meningo- encephalitis (general paresis)	56	23	79	16	4	20	27	14	41	4	4	8	8	1	9	1	..	1	..	..	..
Psychoses with epidemic encephalitis .....	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with other infectious diseases	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
Alcoholic psychoses	10	..	10	4	..	4	5	..	5	..	..	..	1	..	1	..	..	..	..	..	..
Traumatic psychoses	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	29	22	51	4	2	6	17	14	31	5	5	10	2	1	3	..	..	1	..	..	1
Psychoses with other disturbances of circulation	3	7	10	..	..	..	2	4	6	..	3	3	1	..	1	..	..	..	..	..	..
Psychoses with convulsive disorders (epilepsy)	12	12	24	12	6	18	..	5	5	..	1	1	..	..	..	..	..	..	..	..	..
Senile psychoses	16	13	29	1	1	2	7	3	10	7	9	16	..	1	1	..	..	1	..	..	1
Involuntional psychoses .....	..	2	2	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases .....	..	7	7	..	..	..	..	4	4	..	2	2	..	1	1	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
Manic-depressive psychoses	37	55	92	17	13	30	16	31	47	..	4	4	4	7	11	..	..	..	..	..	..
Dementia praecox (schizophrenia)	54	71	125	34	22	56	11	37	48	..	5	5	4	7	11	1	..	1	4	..	4
Paranoia and paranoid conditions	1	1	2	1	..	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Psychoses with mental deficiency	7	9	16	5	5	10	1	2	3	1	1	2	..	1	1	..	..	..	..	..	..
Undiagnosed psychoses	1	1	2	..	..	..	1	..	1	..	1	1	..	..	..	..	..	..	..	..	..
Without psychoses	23	7	30	14	7	21	7	..	7	..	..	..	..	..	..	..	..	2	..	..	2
Primary behavior disorders .....	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL	252	232	484	108	62	170	95	114	209	17	36	53	20	20	40	2	..	2	10	..	10

PSYCHOSES OF READMISSIONS

PSYCHOSES	White Men	White Women	Negro Men	Negro Women	Total
Psychoses with syphilitic meningo-encephalitis (general paresis)	5	1	..	..	6
Psychoses with other forms of syphilis of the central nervous system	3	..	..	..	3
Psychoses with epidemic encephalitis .....	..	1	..	..	1
Psychoses with other infectious diseases	1	..	..	..	1
Alcoholic psychoses	10	..	1	..	11
Psychoses due to drugs or other exogenous poisons	3	..	..	..	3
Traumatic psychoses	1	..	..	..	1
Psychoses with cerebral arteriosclerosis	3	12	..	1	16
Psychoses with other disturbances of circulation	2	4	1	..	7
Psychoses with convulsive disorders (epilepsy)	9	6	..	4	19
Senile psychoses .....	..	3	..	..	3
Involitional psychoses	3	3	..	..	6
Psychoses due to other metabolic, etc., diseases .....	..	1	..	..	1
Psychoses associated with organic changes of the nervous system .....	..	1	..	..	1
Psychoneuroses	7	16	..	..	23
Manic-depressive psychoses	36	38	18	19	111
Dementia praecox (schizophrenia)	17	32	6	17	72
Simple .....	..	2	..	..	2
Hebephrenic	3	6	1	..	16
Catatonic	6	17	4	10	37
Paranoid	8	7	1	1	17
Paranoia and paranoid conditions	23	5	..	1	8
Psychoses with psychopathic personality .....	..	..	..	..	3
Psychoses with mental deficiency	8	1	2	2	13
Total with psychoses	113	124	28	44	309
Without psychoses:					
Alcoholism	20	3	..	..	23
Drug addiction	1	1	..	..	2
Mental deficiency	1	..	2	1	4
Physical condition	1	..	..	..	1
Primary behavior disorder:					
Simple adult maladjustment .....	..	1	..	..	1
Psychopathic personality	5	..	..	..	5
Without mental disorder .....	..	1	..	..	1
Total without psychoses	28	6	2	1	37
GRAND TOTAL	141	130	30	45	346

DISCHARGES OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
AND CONDITION ON DISCHARGE

WHITE RACE

PSYCHOSES	Total			Recovered			Improved			Unimproved			Without Psychoses		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	15	5	20	..	..	..	14	5	19	1	..	1	..	..	..
Psychoses with other forms of syphilis of the central nervous system	2	..	2	..	..	..	2	2	..	..	..	..	..	..	..
Psychoses with epidemic encephalitis	1	2	3	..	..	..	1	2	3	1	..	1	..	..	..
Psychoses with other infectious diseases	1	2	3	..	..	..	1	2	..	1	1	..	..	..	..
Alcoholic psychoses	30	28	32	1	..	1	29	2	31	..	..	..	..	..	..
Psychoses due to drugs or other exogenous poisons	14	5	19	..	1	1	14	4	18	..	..	..	..	..	..
Traumatic psychoses	4	..	4	..	..	..	3	3	1	..	1	..	..	..	..
Psychoses with cerebral arteriosclerosis	36	19	55	..	..	..	29	18	47	7	1	8	..	..	..
Psychoses with other disturbances of circulation	8	3	11	..	..	..	5	3	8	3	..	3	..	..	..
Psychoses with convulsive disorders (epilepsy)	13	17	30	..	13	13	12	..	12	1	4	5	..	..	..
Senile psychoses	6	..	6	..	..	..	3	3	3	..	3	..	..	..	..
Involuntal psychoses	14	31	45	..	..	..	13	31	44	1	..	1	..	..	..
Psychoses due to other metabolic, etc., diseases	5	6	11	..	..	..	5	5	10	..	1	1	..	..	..
Psychoses associated with organic changes of the nervous system	5	1	6	..	..	..	4	1	5	1	..	1	..	..	..
Psychoneuroses	27	68	95	..	..	..	25	58	83	2	10	12	..	..	..
Manic-depressive psychoses	59	69	128	..	..	..	59	65	124	..	4	4	..	..	..
Dementia praecox (schizophrenia)	30	61	91	..	..	..	24	54	78	6	7	13	..	..	..
Paranoia and paranoid conditions	3	14	17	..	..	..	..	9	9	3	5	8	..	..	..
Psychoses with psychopathic personality	4	4	8	..	..	..	4	4	8	..	..	..	..	..	..
Psychoses with mental deficiency	14	9	23	..	..	..	12	8	20	2	1	3	..	..	..
Undiagnosed psychoses	2	1	3	..	..	..	2	..	2	..	1	1	..	..	..
Total with psychoses	294	319	613	1	14	15	261	270	531	32	35	67	..	..	..
Without psychoses:															
Alcoholism	71	5	76	..	..	..	..	..	..	..	..	..	71	5	76
Drug addiction	5	1	6	..	..	..	..	..	..	..	..	..	5	1	6
Mental deficiency	15	2	17	..	..	..	..	..	..	..	..	..	15	2	17
Physical condition	3	1	4	..	..	..	..	..	..	..	..	..	3	1	4
Psychopathic personality	28	5	33	..	..	..	..	..	..	..	..	..	28	5	33
Conduct disturbance	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
Simple adult maladjustment	2	3	5	..	..	..	..	..	..	..	..	..	2	3	5
Without mental disorder	15	5	20	..	..	..	..	..	..	..	..	..	15	5	20
Total without psychoses	140	22	162	..	..	..	..	..	..	..	..	..	140	22	162
GRAND TOTAL	434	341	775	1	14	15	261	270	531	32	35	67	140	22	162

DISCHARGES OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
AND CONDITION ON DISCHARGE

NEGRO RACE

PSYCHOSES	Total			Recovered			Improved			Unimproved			Without Psychoses		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	5	7	12	..	1	1	5	6	11	..	..	..	..	..	..
Psychoses with other forms of syphilis of the central nervous system	1	1	2	..	..	..	1	1	2	..	..	..	..	..	..
Psychoses with other infectious diseases .....	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	4	..	4	1	..	1	3	..	3	..	..	..	..	..	..
Traumatic psychoses	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	16	10	26	..	..	..	16	7	23	..	3	3	..	..	..
Psychoses with other disturbances of circulation	3	4	7	..	..	..	3	4	7	..	..	..	..	..	..
Psychoses with convulsive disorders (epilepsy)	4	4	8	..	..	..	4	3	7	..	1	1	..	..	..
Senile psychoses	2	3	5	..	..	..	2	2	4	..	1	1	..	..	..
Involitional psychoses .....	..	2	2	..	..	..	..	2	2	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	1	3	4	..	..	..	1	3	4	..	..	..	..	..	..
Psychoneuroses .....	..	5	5	..	..	..	..	4	4	..	1	1	..	..	..
Manic-depressive psychoses	32	44	76	2	11	13	28	33	61	2	..	2	..	..	..
Dementia praecox (schizophrenia)	20	27	47	..	..	..	17	20	37	3	7	10	..	..	..
Paranoia and paranoid conditions .....	..	6	6	..	..	..	..	3	3	..	3	3	..	..	..
Psychoses with mental deficiency	4	4	8	..	2	2	4	2	6	..	..	..	..	..	..
Undiagnosed psychoses .....	..	2	2	..	..	..	..	1	1	..	1	1	..	..	..
Total with psychoses	93	123	216	3	15	18	85	91	176	5	17	22	..	..	..
Without psychoses::	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
Alcoholism	2	..	2	..	..	..	..	..	..	..	..	..	2	..	2
Convulsive disorder	11	6	17	..	..	..	..	..	..	..	..	..	11	6	17
Mental deficiency	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
Physical condition	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
Psychopathic personality	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
Simple adult maladjustment	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
Without mental disorder	5	..	5	..	..	..	..	..	..	..	..	..	5	..	5
Total without psychoses	22	6	28	..	..	..	..	..	..	..	..	..	22	6	28
GRAND TOTAL	115	129	244	3	15	18	85	91	176	5	17	22	22	6	28

CAUSES OF DEATH OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE

CAUSES OF DEATH	Total			Senile			With cerebral arteriosclerosis			Syphilitic meningo-encephalitis			Alcoholic			Manic-depressive			Involutional psychoses			Dementia praecox			Paranoia and paranoid conditions			Convulsive disorders (epilepsy)			Psychoneuroses			With mental deficiency			All other psychoses		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T			
Epidemic, Endemic and Infectious Diseases:																																							
Abscess cerebrum ..	..	1	1																			1	1															
Encephalitis lethargica ..	1	..	1																																				
Tuberculosis ..	17	3	20							1	1				2	2	1	1	7	2	9				2	1	3	1	1	1	1	1	1	2	1	2	1		
General Diseases not Included in Class I:																																							
Cancer ..	4	3	7												1	1		1	1	1	2	3													2	3			
Diabetes ..	..	1	1												1	..	1	1	1	1	1	2	3												2	3		
Senile debility ..	..	3	3		1	1		2	2																											1	1	
Diseases of the Nervous System:																																							
Meningitis ..	1	..	1							1	1																												
Cerebral hemorrhage, apoplexy ..	1	1	2	1	1		1	1		1																													
Syphilitic meningo-encephalitis ..	11	..	11						11	11																													
Epilepsy ..	4	2	6					1	1																														
Exhaustion from mental excitement ..	4	3	7												1	2	3	1	1	2		1												1	1	1			
Diseases of the Circulatory System:																																							
Myocarditis ..	3	8	11	1	1	2	1	1	2				1	..	1	..	2	2				1	1											1	1	..	2	2	
Cerebral thrombosis ..	..	6	6						4	4							1	1				1	1															
Coronary thrombosis ..	3	9	12		4	4		1	1	1		1						1	1	2	3	1	2	3	2	1	3										1	1	
Arteriosclerosis ..	52	33	85	8	10	18	30	15	45				1	..	1	3	1	4	1	2	3	1	2	3	2	1	3					1	..	1	5	2	7		
Diseases of the Respiratory System:																																							
Bronchopneumonia ..	6	7	13				4	1	5												1	2	3						2	2					1	2	3		
Lobar pneumonia ..	2	1	3	1	..	1	1		1												1	1																	
Hypostatic pneumonia ..	1	1	2				1	1	2																														
Pulmonary embolism ..	1	..	1																		1																		
Hemothorax, left ..	..	1	1												1	1																						
Diseases of the Digestive System																																							
Diarrhea and enteritis ..	..	3	3		2	2																1	1															
Non-Venereal Diseases of Genito-Urinary System and Annexa:																																							
Nephritis ..	..	1	1		1	1																																
Uremia ..	..	3	3					1	1																											2	2	
External Causes:																																							
Lead poisoning (occupational) ..	1	..	1																																	1	1		
Accidental traumatism-fracture of skull, from fall ..	1	..	1												1																				1	1	1		
TOTAL ..	113	90	203	11	19	30	37	28	65	14	..	14	2	..	2	7	7	14	3	5	8	14	15	29	2	1	3	5	4	9	1	..	1	3	1	4	14	10	24

CAUSES OF DEATH OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
NEGRO RACE

CAUSES OF DEATH	Total			Senile			With cerebral arteriosclerosis			Syphilitic meningo-encephalitis			Manic-depressive			Dementia praecox			Paranoia and paranoid conditions			Convulsive disorders (epilepsy)			With mental deficiency			All other psychoses			
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
Epidemic, Endemic and Infectious Diseases:																															
Tuberculosis	22	26	48	..	1	1	..	1	1	..	1	1	4	3	7	12	10	22	1	3	4	3	4	7	2	4	6
Syphilis .....	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Peritonitis	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	1	..	1
General Diseases not Included in Class I:																															
Cancer	1	1	2	..	..	..	1	..	1	..	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	1	1
Pellagra .....	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Diabetes .....	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Diseases of the Nervous System:																															
Brain abscess	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	1	1	1	..	1
Cerebral hemorrhage, apoplexy	3	3	6	..	..	..	2	2	..	..	..	..	..	..	..	2	..	2	..	..	..	..	..	..	1	1	1	..	1	
Syphilitic meningo-encephalitis	41	29	70	..	..	..	..	..	41	29	70	..	..	..	..	..	..	..	..	..	..	5	4	9	1	..	1	2	2	4
Epilepsy	8	7	15	..	..	..	1	1	..	..	..	..	..	..	3	10	13	3	6	9	..	..	..	..	1	..	1	4	1	5
Exhaustion from mental excitement	11	17	28	..	..	..	..	..	..	..	..	..	..	3	10	13	3	6	9	..	..	..	..	1	..	1	4	1	5	
Diseases of the Circulatory System:																															
Myocarditis	11	15	26	..	..	..	1	..	1	1	..	1	1	7	8	4	3	7	..	..	..	..	..	1	1	2	3	4	7	
Arteriosclerosis	30	42	72	12	12	24	10	13	23	..	..	..	1	2	3	3	8	11	..	1	1	1	1	2	..	..	3	5	8	
Coronary thrombosis	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Respiratory System:																															
Hypostatic pneumonia .....	..	2	2	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	1	..	1
Lobar pneumonia	2	1	3	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Pleurisy .....	..	1	1	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diseases of the Digestive System:																															
Diarrhea and enteritis	2	10	12	..	..	..	1	1	..	..	..	..	2	2	1	2	3	..	..	1	..	1	..	1	1	1	..	4	4	4
Cirrhosis of liver	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
External Causes:																															
Accidental, burns received prior to admission .....	..	1	1	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Stillbirth	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
TOTAL	137	158	295	12	13	25	12	19	31	42	29	71	9	27	36	28	31	59	..	1	1	8	8	16	6	7	13	20	23	43	

AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE

PSYCHOSES	Total			20-24 years			25-29 years			30-34 years			35-39 years			40-44 years			45-49 years			50-54 years			55-59 years			60-64 years			65-69 years			70 years and Over		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T			
Psychoses with syphilitic meningo-encephalitis (general paresis)	14	..	14	..	..	..	..	..	..	..	..	..	2	..	2	2	..	2	6	..	6	1	..	1	..	..	..	..	..	2	..	2	1	..	1
Psychoses with epidemic encephalitis	1	..	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	2	..	2	1	..	1
Alcoholic psychoses	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	1	..	1
Psychoses due to drugs or other exogenous poisons	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	37	28	65	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	3	3	1	2	3	9	5	14	12	10	22	12	9	21	..	..
Psychoses with other disturbances of circulation	6	6	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	2	1	1	2	3	2	5	2	2	4	..	..	..	..	..	..
Psychoses with convulsive disorders (epilepsy)	5	4	9	..	..	..	..	..	3	3	..	..	..	..	..	..	..	2	2	2	..	..	2	..	..	..	1	1	2	..	..	..	..	..	..
Senile psychoses	11	19	30	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	11	17	28	..	..	..	..
Involutionsal psychoses	3	5	8	..	..	..	..	..	..	..	1	1	..	..	1	1	2	..	1	1	2	..	2	..	2	..	1	1	..	..	..	..	2	2	..
Psychoses due to other metabolic, etc., diseases	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	2	3	5	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	1	1	..	1	1	..	1	1	..	..	..	..	..	..	..
Psychoneuroses	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Manic-depressive psychoses	7	7	14	..	..	..	1	1	2	1	1	2	1	..	1	1	1	1	1	2	..	..	1	..	1	1	1	1	2	2	4	..	2	2	..
Dementia praecox (schizophrenia)	14	15	29	1	..	1	2	..	2	1	1	2	1	..	1	..	1	1	2	3	2	1	3	..	3	3	1	2	3	1	3	4	4	3	7	..
Paranoia and paranoid conditions	2	1	3	1	1	..	1	1	1	2
Psychoses with mental deficiency	3	1	4	1	..	1	1	..	1	1	1	1	1	1	..	1	..
Undiagnosed psychoses	1	..	1	1	1	..	1	1	1	1
Without psychoses	1	1	2	1	..	1	1	1
TOTAL	113	90	203	1	..	1	3	..	3	2	5	7	5	1	6	4	1	5	13	6	19	12	3	15	7	7	14	12	10	22	21	21	42	33	36	69

AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
NEGRO RACE

PSYCHOSES	Total			Under 15 years			15-19 years			20-24 years			25-29 years			30-34 years			35-39 years			40-44 years			45-49 years			50-54 years			55-59 years			60-64 years			65-69 years			70 years and over			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T						
Psychoses with syphilitic meningo-encephalitis (general paresis)	42	29	71	..	1	1	2	2	2	4	6	2	1	3	6	5	11	6	6	12	7	4	11	6	2	8	5	2	7	2	..	2	5	2	7	1	..	1	
Psychoses with other forms of syphilis of the central nervous system	..	1	1	1	1	..	2	2	2	4	6	2	2	4	2	4	6	1	4	5	5	3	8	
Psychoses with cerebral arteriosclerosis	12	19	31	2	2	2	4	6	2	2	4	2	4	6	1	4	5	5	3	8	
Psychoses with other disturbances of circulation	2	4	6	2	2	2	4	6	2	2	4	2	4	6	1	4	5	5	3	8		
Psychoses with convulsive disorders (epilepsy)	8	8	16	..	1	1	..	1	1	2	2	1	..	1	1	2	3	..	1	1	1	..	1	2	..	2	2	3	3	..	2	2	..	2	2	..	2	2	..	1	1		
Senile psychoses	12	13	25	1	1	..	2	2	1	1	1	1	2	..	2	2	2	2	2	2	2	2	2	4	6	10	5	15			
Psychoses due to other metabolic, etc., diseases	1	9	10	1	1	..	2	2	1	1	1	1	2	..	2	2	2	2	2	2	2	2	2	2	1	1	..	1	1		
Psychoses associated with organic changes of the nervous system	2	..	2	1	1	5	5	2	..	2	1	7	8	3	3	6	..	4	4	1	2	3	1	1	2	2	1	3	4	..	1	
Manic-depressive psychoses	9	27	36	2	2	..	1	1	..	5	5	2	..	2	1	7	8	3	3	6	..	4	4	1	2	3	1	1	2	2	1	3	4		
Dementia praecox (schizophrenia)	28	31	59	3	3	5	7	12	8	5	13	4	4	2	2	4	2	1	2	2	1	3	2	2	4	3	3	6	1	3	4	..	2	2	1	3	4
Paranoia and paranoid conditions	..	1	1	1	1			
Psychoses with mental deficiency	6	7	13	1	1	1	2	3	1	2	3	2	..	2	1	2	3	..	1	2	3	1	1			
Undiagnosed psychoses	2	1	3	1	1	1	1	..	1	..	1	1	..	1	1	..	1	2	..	2	1	1			
Without psychoses	13	8	21	1	1	2	..	2	1	..	1	2	1	3	2	1	3	2	1	3	2	1	3	3	3	1	..	1	2	..	2	1	1			
TOTAL	137	158	295	1	3	4	2	3	5	5	7	12	11	21	32	16	11	27	16	15	31	13	14	27	13	13	26	11	19	30	12	11	23	9	11	20	9	15	24	18	14	32	1	1	2

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL
WHITE RACE

PSYCHOSES	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years			5-6 years			7-8 years			9-10 years			11-12 years			13-14 years			15-19 years			20 years and over		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T						
Psychoses with syphilitic meningo-encephalitis (general paresis) ...	14	..	14	1	..	1	3	..	3	2	..	2	1	..	1	2	..	2	3	..	3	1	..	1	1	..	1			
Psychoses with epidemic encephalitis	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	2	..	2	..	..	..	..	..	..	1	..	1	..	..	..	..	..	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses due to drugs or other exogenous poisons	2	..	2	1	..	1	..	1	..	1	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	37	28	65	7	4	11	12	5	17	3	5	8	1	4	5	3	5	8	4	2	6	4	..	4			
Psychoses with other disturbances of circulation	6	6	12	1	3	4	2	1	3	1	1	2	..	..	..	..	..	..	2	..	2	..	1	1	..	..	..	3	1	4	..	1	1	..	..	1	1	..
Psychoses with convulsive disorders (epilepsy)	5	4	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	1	..	2	2	..	..	2	2	1	..	1	..	..	2	2	2	1	3
Senile psychoses	11	19	30	1	2	3	4	2	6	1	3	4	..	3	3	1	6	7	..	2	2	..	2	1	3	..	..	2	..	2	1	..	..	2	2	2	1	3
Involuntional psychoses	3	5	8	..	1	1	..	..	..	..	1	..	1	1	1	1	1	1	2	..	2	1	3	..	1	1	2	..	..	..	..	..	..	1	1	..	..	..	
Psychoses due to other metabolic, etc., diseases	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	1	1	..	..	..	
Psychoses associated with organic changes of the nervous system...	2	3	5	..	..	..	..	..	..	..	1	..	1	..	..	..	2	2	..	..	..	..	1	1	2	..	1	2	..	..	..	..	..	..	..	..	..	..
Psychoneuroses	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Manic-depressive psychoses	7	7	14	..	3	3	..	..	..	..	1	..	1	1	1	2	1	..	1	..	1	..	1	..	2	1	3	..	2	1	3	..	1	1	..	1	1	2
Dementia praecox (schizophrenia)	14	15	29	1	1	1	2	1	..	2	1	3	..	2	1	3	..	2	2	4	..	1	1	..	1	2	1	3	6	10	16			
Paranoia and paranoid conditions	2	1	3	..	..	..	..	..	..	1	..	1	..	..	..	1	1	1	..	1	1	..	1	1	..	1	1	..	..	..	..	1	1	1	1	..	..	..	
Psychoses with mental deficiency	3	1	4	1	..	1	..	..	..	..	..	..	..	..	..	1	1	1	..	1	1	..	..	..	..	..	..	1	1	1	..	1	1	..	..	..	..	..
Undiagnosed psychoses	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Without psychoses	1	1	2	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1
TOTAL	113	90	203	13	13	26	23	8	31	8	9	17	5	7	12	9	14	23	10	7	17	15	3	18	3	6	9	8	4	12	1	2	3	1	1	2	7	3	10	10	13	23

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL

NEGRO RACE

PSYCHOSES	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years			5-6 years			7-8 years			9-10 years			11-12 years			13-14 years			15-19 years			20 years and over		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T			
Psychoses with syphilitic meningo-encephalitis (general paresis)....	42	29	71	6	7	13	13	9	22	5	6	11	4	2	6	8	2	10	2	..	2	2	2	4	1	..	1	1	1	1	..	1	
Psychoses with other forms of syphilis of the central nervous system	1	1	1	1	..	1		
Psychoses with cerebral arteriosclerosis	12	19	31	1	3	4	2	2	4	..	4	4	3	3	6	2	3	5	1	1	2	2	2	4	..	1	1	1	..	1		
Psychoses with other disturbances of circulation	2	4	6	2	1	3	..	1	1	..	1	1	1	1	1		
Psychoses with convulsive disorders (epilepsy)	8	8	16	1	1	2	2	4	1	..	1	1	1	2	1	..	1	2	1	3	1	1	..	1	1	1	1	2		
Senile psychoses	12	13	25	1	3	4	1	2	3	5	2	7	3	3	6	1	2	3	3	1	2	2	1	1	2	..		
Psychoses due to other metabolic, etc., diseases	1	9	10	..	1	1	..	2	2	3	3	1	..	1	1	1		
Psychoses associated with organic changes of the nervous system....	2	..	2	1	..	1	1	1		
Manic-depressive psychoses	9	27	36	2	7	9	..	1	1	..	2	..	3	3	..	2	1	4	5	1	2	3	1	1	2	1	2	..	2	2	..	2	..	2	..	3	1	1	1	2	3	
Dementia praecox (schizophrenia)	28	31	59	..	2	2	1	1	2	1	1	2	..	1	1	3	3	6	2	2	4	6	2	8	2	1	3	1	4	5	3	..	3	3	..	3	6	14	20	
Paranoia and paranoid conditions	1	1	1	1	1	1	2	1	1	2	1	1	2	1	1	2	1	1	
Psychoses with mental deficiency	6	7	13	1	1	1	..	1	1	1	2	1	1	2	1	1	2	1	1	2	2	2	1	..	1		
Undiagnosed psychoses	2	1	3	1	..	1	1	1	2	2	1	..	1	
Without psychoses	13	8	21	1	..	1	1	1	2	1	..	1	1	1	..	1	2	1	3	2	..	2	..	2	2	2	2	1	..	1	..	1	..	4	4	2	..	2		
TOTAL	137	158	295	14	24	38	18	20	38	12	16	28	6	7	13	21	16	37	13	16	29	16	10	26	7	7	14	5	9	14	4	1	5	3	4	7	5	11	16	13	17	30

AGE AND DURATION IN HOSPITAL OF PATIENT DYING OF PELLAGRA

Negro woman	Duration in hospital	Age	Psychosis
1	19 days	65	Psychosis due to other metabolic, etc., diseases, pellagra.

RESULT OF PELLAGRIN ADMITTED

	Negro woman
Dead	1
Total	1

OCCUPATIONS AND DAILY AVERAGE NUMBER OF PATIENTS OCCUPIED

	White Men	White Women	Negro Men	Negro Women	Total
Baggage room	2	5	..	..	7
Bakery	19	..	..	..	19
Barber shop	2	2	1	..	5
Carbolizing detail .....	..	..	8	..	8
Coal pile and detail	23	..	10	..	32
Dairy	2	..	10	..	18
Dental office	1	..	..	..	1
Diet kitchen .....	..	3	..	..	3
Dining room	105	104	70	75	354
Fancy work .....	..	23	..	..	23
Farm	45	..	130	..	175
Firemen .....	..	..	3	..	3
Fish detail	15	..	..	..	15
Florist	6	..	5	..	11
Garbage	6	..	3	..	9
Garden, vegetable	6	..	12	..	18
Kitchen	30	..	50	20	100
Laboratory	1	..	..	..	1
Library .....	..	2	..	..	2
Laundry	1	2	20	10	31
Mattress making	9	..	..	..	9
Musicians	7	..	..	..	7
Offices and halls	16	2	..	..	18
Printers	1	..	..	..	1
Scrubbers .....	..	..	..	50	50
Sewer Cleaners	4	..	4	..	8
Sewing room .....	..	81	..	32	113
Stairways	12	..	..	..	12
Storeroom	14	..	..	..	14
Trucks and wagons .....	..	..	9	..	9
Vegetable house .....	..	45	..	22	67
Ward work	310	206	240	207	963
Wood yard and cutting .....	..	..	10	..	10
Yard detail	12	6	11	3	32
TOTAL	654	479	596	419	2,148

RESIDENCE OF PATIENTS PRESENT JUNE 30, 1947

COUNTIES	White		Negro		Total	
	Men	Women	Men	Women	Men	Women
Abbeville	10	17	22	14	63	63
Aiken	39	34	37	32	142	142
Allendale	15	18	14	10	57	57
Anderson	73	39	92	28	232	232
Bamberg	9	15	6	21	51	51
Barnwell	13	21	10	20	64	64
Beaufort	7	22	5	17	51	51
Berkeley	6	25	15	23	69	69
Calhoun	9	17	9	13	48	48
Charleston	72	113	96	96	377	377
Cherokee	26	17	28	13	84	84
Chester	22	21	28	27	98	98
Chesterfield	37	17	24	13	91	91
Clarendon	13	20	20	31	84	84
Colleton	26	19	27	18	90	90
Darlington	37	21	27	27	112	112
Dillon	4	9	21	12	46	46
Dorchester	10	18	11	17	56	56
Edgefield	13	15	12	13	53	53
Fairfield	17	18	10	20	65	65
Florence	26	49	42	35	152	152
Georgetown	9	26	13	18	66	66
Greenville	100	46	130	34	310	310
Greenwood	30	24	29	24	107	107
Hampton	13	8	12	17	50	50
Horry	18	20	31	9	78	78
Jasper	4	9	2	9	24	24
Kershaw	26	31	20	24	101	101
Lancaster	20	14	26	13	73	73
Laurens	46	27	24	24	121	121
Lee	16	11	14	15	56	56
Lexington	27	11	39	3	80	80
Marion	11	19	23	21	74	74
Marlboro	13	20	13	17	63	63
McCormick	4	6	4	8	22	22
Newberry	15	13	24	10	62	62
Oconee	29	12	32	7	80	80
Orangeburg	28	48	40	54	170	170
Pickens	40	3	30	7	80	80
Richland	98	86	109	98	391	391
Saluda	11	8	9	9	37	37
Spartanburg	92	57	126	52	327	327
Sumter	22	47	24	42	135	135
Union	23	13	31	15	82	82
Williamsburg	11	45	12	28	96	96
York	44	33	50	31	158	158
TOTAL	1,234	1,182	1,423	1,089	4,928	4,928

RESIDENCE OF PATIENTS RECEIVED JULY 1, 1946-JUNE 30, 1947

COUNTIES	White Men	Negro Men	White Women	Negro Women	Total
Abbeville	3	5	6	4	18
Aiken	22	12	14	7	45
Allendale	5	5	3	4	12
Anderson	28	9	26	4	67
Bamberg	5	8	5	3	21
Barnwell	1	22	1	8	12
Beaufort	3	6	2	3	14
Berkeley	3	6	6	5	20
Calhoun	3	5	4	6	18
Charleston	18	36	26	20	100
Cherokee	14	2	11	4	31
Chester	8	5	8	4	25
Chesterfield	11	7	9	2	29
Clarendon	5	5	7	10	27
Colleton	13	3	6	8	30
Darlington	18	5	7	9	39
Dillon	4	3	5	4	16
Dorchester	1	2	4	3	16
Edgefield	4	2	2	1	9
Fairfield	12	3	5	10	30
Florence	25	10	21	7	63
Georgetown	6	3	4	5	18
Greenville	41	19	43	10	113
Greenwood	20	1	11	3	35
Hampton	3	1	2	4	10
Horry	11	8	23	1	43
Jasper	4	1	3	1	9
Kershaw	11	6	7	6	30
Lancaster	7	3	11	2	23
Laurens	26	3	10	6	45
Lee	6	5	4	2	17
Lexington	18	4	17	3	42
Marion	4	8	2	6	20
Marlboro	2	4	..	2	8
McCormick	1	..	..	..	1
Newberry	5	..	14	6	25
Oconee	7	4	13	1	25
Orangeburg	19	12	12	13	56
Pickens	11	1	13	3	28
Richland	59	25	43	30	157
Saluda	3	2	3	3	11
Spartanburg	49	13	47	12	121
Sumter	10	10	8	9	37
Union	9	2	11	1	23
Williamsburg	6	3	6	12	27
York	28	7	21	10	66
TOTAL	567	282	506	277	1,632

South Carolina State Hospital TREASURER'S REPORT

June 30, 1947

Coyt Ham M. D. Superintendent
South Carolina State Hospital
Columbia, S. C.

Dear Sir:

I am attaching the financial report for the year July 1, 1946-June 30, 1947:

INCOME

Appropriation	\$1,856,500.00
Deficiency Appropriation	350,000.00
Fees	46,482.26
	\$2,252,982.26

This amount would not have been sufficient had adequate employee personnel and supplies, particularly textiles, been available.

COST OF OPERATION

The net expenditure for maintenance is \$2,252,982.26. The daily average population is 4,842 and the daily per capita cost \$1.2748. The dairies and farms show an overall profit of \$39,454.11.

Because of the march of the years, this is the last Treasurer's Report I will transmit. I have greatly enjoyed my service with the hospital and wish for it and for you a future brighter and even more gratifying in accomplishments.

Yours respectfully

H. T. PATTERSON
Treasurer.

FINANCIAL STATEMENT FOR THE FISCAL YEAR ENDED JUNE 30, 1947

Receipts

Balance on hand from previous fiscal year:

Revolving Fund	\$ 35,000.00
Received from appropriations	2,206,500.00
Received from paying patients	29,305.59
Received from all other sources	17,176.67
TOTAL RECEIPTS	\$2,287,982.26

Disbursements

1. Expenditures for maintenance:

Salaries and wages	\$790,381.55
Provisions	825,064.57
Water, heat, light, and power	55,744.27
All other expenditures for maintenance	581,791.87

Total expenditures for maintenance \$2,252,982.26

2. Expenditures for all purposes other than maintenance, including new buildings, other additions, and permanent betterments: 0.00

3. Balance on hand at close of fiscal year:

Revolving Fund 35,000.00

TOTAL DISBURSEMENTS (including balance on hand) \$2,287,982.26

Receipts

Revolving fund from previous year	\$ 35,000.00
From paying patients	29,305.59
From diversional occupational department	694.00
From sundry sources	4,204.52
From dairies and farms	12,278.15

From Appropriations:

Maintenance	1,995,245.95
Columbia Dairy	74,238.61
Columbia Farm	28,521.26
Moore Farm	15,892.37
Pil Farm	38,396.57
Pil Dairy	54,205.24

TOTAL RECEIPTS\$2,287,982.26

Disbursements

Paid from the following activities:

Maintenance	\$2,029,450.06
Columbia Dairy	84,548.13
Columbia Farm	29,140.93
Moore Farm	16,793.57
Pil Farm	38,518.05
Pil Dairy	54,531.52
Revolving fund at close of fiscal year (on hand)	35,000.00

TOTAL DISBURSEMENTS\$2,287,982.26

Statement of Building Fund from sale of \$550,000.00 of Certificates of Indebtedness of the State of South Carolina for the South Carolina State Hospital and State Training School, January 1, 1942:

Proceeds, sale of bonds	\$550,000.00
Premium	880.00
Accrued Interest	275.00

\$ 551,155.00

Alloted to State Training School 119,193.92

\$ 431,961.08

Already expended and reported in previous annual reports:

1941-42	\$ 498.65	
1942-43	415,785.25	
1943-44	11,624.54	
1944-45	955.43	
1945-46	2,452.19	
		\$ 431,316.06
Expended in 1946-47		0.00
BALANCE	\$	645.02

GENERAL INFORMATION

July 1, 1946 - June 30, 1947

1. Date of opening as a hospital for mental diseases: December 18, 1827.
 2. Type of hospital: State.
 3. Value of hospital property:

Real estate (including buildings)	\$4,337,756.97
Personal property	574,915.34
Total	\$4,912,672.31
- Total acreage of hospital property owned (including farms, grounds, gardens and sites occupied by buildings) 2721.05
- Additional acreage rented (woods for shade) 3.
- Total acreage under cultivation during year, including 208.96 acres in annual and permanent pastures 1118.55

Officers and Employees
June 30, 1947

	White		Negro		Total	Vacancies		
	M	W	M	W		M	W	T
Superintendent	1	---	---	---	1	---	---	---
Director of Research	1	---	---	---	1	---	---	---
Clinical Director	1	---	---	---	1	---	---	---
Assistant Physicians	8	---	---	---	8	16	1	17
Pathologist	1	---	---	---	1	---	---	---
-----	---	---	---	---	---	---	---	---
Total Physicians	12	---	---	---	12	16	1	17
Attendants	83	67	77	88	315	81	94	175
Chaplain	1	---	---	---	1	---	---	---
Dentist	1	---	---	---	1	---	---	---
Dietitian	---	1	---	---	1	---	---	---
Lab & X-Ray Technicians	2	2	---	---	4	---	---	---
Matrons & Asst. Matrons	---	2	---	---	2	---	---	---
Nurses:								
Graduate	---	14	---	4	18	---	193	193
Student	---	9	---	---	9	---	58	58
Occupational Instructors	---	5	---	---	5	---	---	---
Office Personnel	1	23	---	---	24	---	---	---
Other Employees not listed	128	15	157	61	361	---	---	---
Parasitologist	1	---	---	---	1	---	---	---
Pharmacist	1	---	---	---	1	---	---	---
Social Workers	---	1	---	---	1	---	1	1
Stewards	2	---	---	---	2	---	---	---
Librarian	---	1	---	---	1	---	---	---
Supervisors & Asst. Supervisors	7	9	---	---	16	3	3	6
-----	---	---	---	---	---	---	---	---
Total Officers & Employees	239	149	234	153	775	100	350	450

5. Patients employed in industrial classes or in general hospital work on date of report 654 479 596 419 2148
6. Average daily number of all patients in hospital during the year 1195 1398 1155 1094 4842
7. Patients admitted voluntarily during the year.... 48 45 1 2 96

COLUMBIA DAIRY REPORT 1946-1947

Debits

Inventory—July 1, 1946:

Dairy and farm implements	\$ 3,856.20
Feed	9,060.15
Fertilizer	344.17
Pure bred cattle	53,625.00
Work animals (8)	1,625.00
Agricultural and botanical supplies	1,135.87
Bedding	684.23
Board of attendants and laborers	3,109.20
Depreciation of plant	700.00
Equipment	1,756.19
Ensilage: (uncured) 1,395 $\frac{1}{4}$ tons @ \$8.00 and \$10.00	13,553.50
Feed	39,154.22
Feeding and caring for hogs and mules (dairy's) ---	290.00
Freight and express	2,162.67
Hauling	1,368.00
Hay	18,513.16
Insurance on buildings	187.78
Interest on amount invested in cattle	600.00
Kerosene, gasoline and oil	227.93
Labor: Moore Farm tending to dairy's cows	811.25
Material for repairs to equipment	671.65
Miscellaneous supplies	1,040.03
Office supplies	19.82
Pasturage (Moore Farm)	1,290.00
Pay Roll	21,840.18
Plowing (tractor) 167 hrs. @ \$1.50	250.50
Registration fees	395.00
Rent of land: 107.71 acres @ \$4.00 plus 2 cottages— \$420.00	850.84
Seed and plants	583.60
Subscription to magazines	7.50
Testing cows for advanced registry	250.09
Veterinarian and veterinary supplies	120.80
Balance in favor of Columbia Dairy	8,621.84
	<hr/>
	\$188,706.37

COLUMBIA DAIRY REPORT 1946-1947

Credits

Animals sold	\$ 9,537.39
Beef: 24,277 lbs. @ 20c	4,855.40
Compost	1,040.99
Feed sold:	747.60
Hauling	10.00
Hay	99.19
Hides and tallow	35.50
Milk: 212,807.08 gals. @ .47	100,019.33
Miscellaneous supplies	54.75
Registration fees	6.00
Refunds received (overpayment to Holstein-Friesian Association)	3.00
Sacks (empty)	230.00
Service fees	1,337.00

Inventory—June 30, 1947:

Dairy and farm implements	5,332.09
Feed	9,356.00
Fertilizer	362.13
Pure bred cattle (Holstein)	42,340.00
" " " (Guernsey)	11,875.00
Work animals (8)	1,465.00

 \$188,706.37

COLUMBIA FARM REPORT 1946-1947

Debits

Inventory—July 1, 1946:

Bees	\$ 4.00
Feed and seed	4,777.02
Fertilizer	400.58
Hogs	6,123.00
Implements and machinery	2,132.50
Work animals (10)	2,020.00
Agricultural and botanical supplies	1,635.40
Board of attendants and laborers	2,394.00
Depreciation on buildings	500.00

Ensilage: 96 tons @ \$8.00 and \$10.00—from Moore	
Farm for steer feed	888.00
Equipment	59.83
Feed (corn, oats, barley, etc., for hogs)	12,160.44
Freight and express	1,097.23
Garbage	1,940.56
Hauling	1,404.10
Insurance on buildings	156.91
Kerosene, gasoline and oil	74.85
Material for repairs to equipment, etc.	97.04
Miscellaneous supplies	129.79
Pay Roll	11,349.31
Plowing (tractor)	496.50
Rent of land plus cabins (127.49 acres @ \$4.00 plus cabins and dwellings \$600.00)	1,109.96
Seed and plants	1,169.18
Shucks	21.00
Slaughtering	1,342.91
Subscription to magazines	4.50
Veterinarian and veterinary supplies	606.90
Balance in favor of Columbia Farm	8,607.38
	<hr/>
	\$ 62,702.89

COLUMBIA FARM REPORT 1946-1947

Credits

Animals (mule and cow) caught in field	\$ 2.25
Animals sold (8 pigs)	81.50
Beets: 4,221 lbs. @ 2c	84.42
Cabbage: 1,214 lbs. @ 3c	36.42
Carrots: 174 bu. @ 1.00	174.00
Chitterlings	1.05
Collards: 10,222 lbs. @ 2c	204.44
Compost	571.38
Corn (roasting ears) 375.1 doz. @ 15c	56.27
Cucumbers: 66.25 bu. @ 60c	39.72
Ensilage: 749.2 tons @ \$8.00 and \$10.00	6,039.60
Feeding and caring for mules and hogs (dairy's)	290.00
Feed sold	115.34
Fertilizer sold	116.64

Hay: 175.6 tons @ \$20.00, \$25.00 and \$27.50	4,397.82
Labor on new hog lot at State Park	1,725.00
Okra: 385 bu. @ \$1.00	385.00
Onions (spring) 271.44 bu. @ 85c	230.72
Plants and seed sold .....	.08
Plowing gardens	2.25
Pork: 112,412 lbs. @ 19½, 21, 28c	29,050.46
Potatoes (Irish) 219 bu. @ \$2.00	438.00
Rutabagas: 699.15 bu. @ \$1.10	769.07
Sacks (empty)	262.43
Salad: 486.8 bu. @ 24c	116.83
Shucks	57.88
Squash: 660.08 bu. @ \$1.00	660.08
Tomatoes: 441 bu. @ \$2.00	882.00
Turnips with tops: 1,916 bu. @ 35c	670.60

Inventory—June 30, 1947:

Feed and seed	3,545.89
Fertilizer	246.85
Hogs	7,224.00
Implements and machinery	2,389.90
Work animals (10)	1,835.00

\$ 62,702.89

MOORE FARM REPORT 1946-1947**Debits**

Inventory—July 1, 1946:

Feed and seed	\$ 2,173.00
Fertilizer	221.63
Implements and machinery	3,382.47
Work animals (11)	2,030.00
Agricultural and botanical supplies	4,299.41
Board of attendants	360.00
Compost	1,013.25
Depreciation of plant	250.00
Equipment: wagon, planter, cultivator, etc.	1,894.38
Freight and express	31.00
Hay	156.01
Hauling (truck)	1,646.50

Insurance on buildings	117.56
Materials for repairs to equipment, etc.	233.56
Miscellaneous supplies	839.49
Motor fuel (for tractor)	581.70
Pay Roll	7,235.91
Plants and seed	1,549.62
Plowing (tractor)	789.30
Rent of land: 444 acres @ \$3.00; 7 cabins \$252.00 and 2 cottages \$276.00	1,860.00
Veterinarian and veterinary supplies	5.46
Balance in favor of Moore Farm	15,481.54
	<hr/>
	\$ 46,151.79

MOORE FARM REPORT 1946-1947

Credits

Beans, string: 33 bu. @ \$1.25	\$ 41.24
Beets: 61 bu. @ \$1.00	61.00
Cabbage: 32,630 lbs. 3c	978.00
Cantaloupes: 567 doz. @ 60c	340.20
Carrots: 205 bu @ \$1.00	205.00
Collards: 8,079 lbs. @ 2c	161.58
Corn (roasting ears) 80 doz. @ 20c	16.00
Corn (shelled, seed) 12 bu. @ \$3.00	36.00
Corn (for feed to Columbia Dairy) 480 bu. @ \$1.00	480.00
Cucumbers: 21 bu. @ 60c	12.60
Ensilage: 1,722.65 tons @ \$8.00 and \$10.00	16,288.50
Equipment: Transferred to other farm	126.00
Hay: 96.13 tons @ \$25.00	2,403.25
Labor: Tending city dairy's cows	811.25
Mowing	25.00
Okra: 269 bu. @ \$1.00	269.00
Onions, spring: 234 bu. @ 85c	198.90
Pasture—furnished Columbia Dairy	1,290.00
Pepper, green: 12 bu. @ \$1.20	14.40
Potatoes, sweet: 2,124 bu. @ \$1.40	2,973.60
Potato vines	225.00
Rutabagas: 1,579 bu. @ \$1.10	1,736.90
Salad: 3,958 2/3 bu. @ 24c	950.08
Saw-milling: 79,813 ft. @ \$20.00 per 1,000	1,596.26

Shucks sold	21.00
Slabs: 31 loads @ \$1.00 and \$3.00	63.00
Straw (pine & oat)	743.50
Squash: 96 bu @ \$1.00	96.00
Tractor plowing	514.65
Tomatoes: 371 bu. @ \$2.00	742.00
Turnips with tops: 1,927 bu. @ 35c	674.45
Watermelons: 5,188 @ 10c	518.80
Work animals sold (4 mules)	868.20

Inventory—June 30, 1947:

Feed and seed	1,770.00
Fertilizer	891.00
Implements and machinery	6,779.42
Work animals (7)	1,230.00

\$ 46,151.79

PIL DAIRY REPORT 1946-1947**Debits**

Inventory—July 1, 1946:

Feed and seed	\$ 4,410.68
Pure bred cattle	16,200.00
Grade cattle	16,975.00
Hogs	3,522.50
Implements and machinery	1,132.00
Agricultural and botanical supplies	381.55
Board of attendants	780.00
Depreciation of buildings	81.60
Ensilage: 1,380 tons @ \$8.00 and \$10.00	13,200.00
Equipment	1,828.44
Feed	38,548.13
Freight and express	1,913.80
Garbage	383.00
Hauling	1,305.00
Hay	17,798.38
Herd testing	104.42
Hogs purchased	1,353.46
Insurance on buildings	179.72
Kerosene, gasoline and oil	40.09

Material for repairs to equipment, etc.	103.90
Miscellaneous supplies	758.58
Mowing	25.00
Pay Roll	15,762.10
Potato vines	420.00
Registration fees	126.94
Rent of land: 51 acres @ \$2.00 plus 2 cottages \$360.00 ..	462.00
Salad: Rape—31 tons @ \$10.00	310.00
Service fees	570.00
Slaughtering	84.00
Subscription to magazines	2.50
Turnips: 23 tons @ \$10.00—from Moore Farm	230.00
Balance in favor of Pil Dairy	2,037.94
	<hr/>
	\$141,030.73

PIL DAIRY REPORT 1946-1947

Credits

Animals sold	\$ 391.22
Beef: 46,201 lbs. @ 20c	9,240.20
Feed: for Mr. Spearman's cows—2.4 tons @ \$75.00	180.00
Milk: 176,793 ½ gals @ .47	83,092.95
Pork: 29,151 lbs. @ 16, 20, 28, 21, 19c	5,729.50
Sacks (empty)	38.75

Inventory—June 30, 1947:

Feed	4,302.49
Pure bred cattle	17,481.55
Grade cattle	18,150.32
Hogs	1,383.75
Implements and machinery	1,040.00

\$141,030.73

PIL FARM REPORT 1946-1947

Debits

Inventory—July 1, 1946:

Feed and seed	\$ 4,829.32
Fertilizer	466.92
Implements and machinery	1,689.00

Work animals	6,040.00
Agricultural and botanical supplies	6,304.75
Bedding	79.56
Board of attendants	360.00
Compost	363.74
Depreciation of buildings	100.00
Equipment	1,009.72
Feed: (To Mr. Spearman's cows from the Pil Dairy— 2.4T. @ \$75.00)	180.00
Freight and express	56.36
Hauling	150.00
Insurance on buildings	88.52
Material for repairs to equipment, etc.	289.24
Miscellaneous supplies	1,064.36
Oat Straw	1,629.93
Pay Roll	7,115.87
Plowing (tractor)	3,108.15
Rent of land: 350 acres @ \$2.00 plus cabins and cot- tages \$432.00	1,132.00
Seed and plants	1,194.52
Slabs (firewood)	15.00
Work animals purchased	347.50
Balance in favor of Pil Farm	4,705.41
	<hr/>
	\$ 42,319.87

PIL FARM REPORT 1946-1947

Credits

Cantaloupes: 1,750 doz. @ 60c	\$ 1,050.00
Bones sold	68.49
Compost	300.00
Ensilage: 1,350 tons @ \$8.00 and \$10.00	12,360.00
Feed: Ground oats, corn meal, rye & oats grazing, green kudzu	4,220.78
Hauling	1,545.00
Hay: 4 tons @ \$27.50—to Pil Dairy	110.00
Plowing employee's gardens	100.00
Potatoes (Irish) 2,500 bu. @ \$1.50	3,750.00
Potatoes (Sweet) 4,353 1/2 bu. @ \$1.40	6,094.90
Potato vines	400.00
Watermelons: 18,000 @ 10c	1,800.00

Inventory—June 30, 1947:

Feed and seed	2,330.00
Fertilizer	698.70
Implements and machinery	2,072.00
Work animals (25)	5,420.00
	<hr/>
	\$ 42,319.87

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Shucks sold	21.00
Slabs: 31 loads @ \$1.00 and \$3.00	63.00
Straw (pine & oat)	743.50
Squash: 96 bu @ \$1.00	96.00
Tractor plowing	514.65
Tomatoes: 371 bu. @ \$2.00	742.00
Turnips with tops: 1,927 bu. @ 35c	674.45
Watermelons: 5,188 @ 10c	518.80
Work animals sold (4 mules)	868.20

Inventory—June 30, 1947:

Feed and seed	1,770.00
Fertilizer	891.00
Implements and machinery	6,779.42
Work animals (7)	1,230.00

\$ 46,151.79
PIL DAIRY REPORT 1946-1947**Debits**

Inventory—July 1, 1946:

Feed and seed	\$ 4,410.68
Pure bred cattle	16,200.00
Grade cattle	16,975.00
Hogs	3,522.50
Implements and machinery	1,132.00
Agricultural and botanical supplies	381.55
Board of attendants	780.00
Depreciation of buildings	81.60
Ensilage: 1,380 tons @ \$8.00 and \$10.00	13,200.00
Equipment	1,828.44
Feed	38,548.13
Freight and express	1,913.80
Garbage	383.00
Hauling	1,305.00
Hay	17,798.38
Herd testing	104.42
Hogs purchased	1,353.46
Insurance on buildings	179.72
Kerosene, gasoline and oil	40.09

Material for repairs to equipment, etc.	103.90
Miscellaneous supplies	758.58
Mowing	25.00
Pay Roll	15,762.10
Potato vines	420.00
Registration fees	126.94
Rent of land: 51 acres @ \$2.00 plus 2 cottages \$360.00	462.00
Salad: Rape—31 tons @ \$10.00	310.00
Service fees	570.00
Slaughtering	84.00
Subscription to magazines	2.50
Turnips: 23 tons @ \$10.00—from Moore Farm	230.00
Balance in favor of Pil Dairy	2,037.94
	<hr/>
	\$141,030.73

PIL DAIRY REPORT 1946-1947

Credits

Animals sold	\$ 391.22
Beef: 46,201 lbs. @ 20c	9,240.20
Feed: for Mr. Spearman's cows—2.4 tons @ \$75.00	180.00
Milk: 176,793 ½ gals @ .47	83,092.95
Pork: 29,151 lbs. @ 16, 20, 28, 21, 19c	5,729.50
Sacks (empty)	38.75

Inventory—June 30, 1947:

Feed	4,302.49
Pure bred cattle	17,481.55
Grade cattle	18,150.32
Hogs	1,383.75
Implements and machinery	1,040.00
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	\$141,030.73

PIL FARM REPORT 1946-1947

Debits

Inventory—July 1, 1946:

Feed and seed	\$ 4,829.32
Fertilizer	466.92
Implements and machinery	1,689.00

Work animals	6,040.00
Agricultural and botanical supplies	6,304.75
Bedding	79.56
Board of attendants	360.00
Compost	363.74
Depreciation of buildings	100.00
Equipment	1,009.72
Feed: (To Mr. Spearman's cows from the Pil Dairy— 2.4T. @ \$75.00)	180.00
Freight and express	56.36
Hauling	150.00
Insurance on buildings	88.52
Material for repairs to equipment, etc.	289.24
Miscellaneous supplies	1,064.36
Oat Straw	1,629.93
Pay Roll	7,115.87
Plowing (tractor)	3,108.15
Rent of land: 350 acres @ \$2.00 plus cabins and cot- tages \$432.00	1,132.00
Seed and plants	1,194.52
Slabs (firewood)	15.00
Work animals purchased	347.50
Balance in favor of Pil Farm	4,705.41
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	\$ 42,319.87

PIL FARM REPORT 1946-1947

Credits

Cantaloupes: 1,750 doz. @ 60c	\$ 1,050.00
Bones sold	68.49
Compost	300.00
Ensilage: 1,350 tons @ \$8.00 and \$10.00	12,360.00
Feed: Ground oats, corn meal, rye & oats grazing, green kudzu	4,220.78
Hauling	1,545.00
Hay: 4 tons @ \$27.50—to Pil Dairy	110.00
Plowing employee's gardens	100.00
Potatoes (Irish) 2,500 bu. @ \$1.50	3,750.00
Potatoes (Sweet) 4,353 1/2 bu. @ \$1.40	6,094.90
Potato vines	400.00
Watermelons: 18,000 @ 10c	1,800.00

Inventory—June 30, 1947:

Feed and seed	2,330.00
Fertilizer	698.70
Implements and machinery	2,072.00
Work animals (25)	5,420.00
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	\$ 42,319.87

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